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Review of Programs and Services for the Learning Disabled and Behaviorally Handicapped

Special Educational Services

Alberta

REPORT OF THE
COMMITTEE TO REVIEW PROGRAMS AND SERVICES
FOR THE
LEARNING DISABLED AND BEHAVIORALLY DISORDERED

Special Educational Services
Alberta Education

June, 1983

Acknowledgements

The Special Educational Services Branch of Alberta Education acknowledges the support of the school jurisdictions, private schools, private agencies and Alberta Social Services and Community Health for their cooperation in the completion of this study. In particular the service of the team and advisory committee members, who somehow always managed to accommodate just one more task to help bring this report to its conclusion, is and will continue to be deeply appreciated. Without their loyal support and boundless energy this report would not have been possible.

Appreciatation is extended to Mrs. Diolinda Antunes for her effort in producing this report.

NOTE

The individual reports on schools and programs visited during the course of the study are not included in this report but are available on request from:

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INTRODUCTION

In November of 1982 the Special Educational Services Branch of Alberta Education was authorized to undertake a study to review policy and programs with respect to pupils who are learning disabled and/or behaviorally disordered. The purposes of the study were:

1. To clarify the nature of what constitutes a learning disability and an emotional/behavioral disorder.
2. To determine the nature and extent of programs and services available within Alberta for learning and behaviorally disordered pupils.
3. To determine the type and quality of programs out-of-province which are approved by Alberta Education.
4. To determine whether equivalent or better programs are available within Alberta for pupils currently being sent out-of-province.
5. To make recommendations regarding the most appropriate procedures to ensure the availability of appropriate programming for learning disabled and behaviorally disordered pupils in Alberta.
6. To make recommendations regarding funding of out-of-system placements and school jurisdiction programs for learning disabled and behaviorally disordered pupils.

An advisory committee was formed to assist in the review and to provide monitoring and advice to the Alberta Education staff which comprised the working team. The advisory committee was made up of the following school jurisdiction and university representatives who had expressed an interest in participating in the study:

Mr. J. Davies - Edmonton Public School District
Dr. H. Janzen - University of Alberta
Mr. R. Kangas - County of Mountain View

Dr. G. Porter - Foothills School Division

Mr. R. Posno - Calgary Board of Education

Dr. J. Quinn - Calgary Roman Catholic Separate School District

Representing Alberta Education on the advisory committee were:

Dr. H. Finnestad - Chairman

Mr. F. French - Executive Secretary

Dr. C. Rhodes - Planning Services

In addressing the purposes of the study the advisory committee developed eight basic assumptions:

Assumptions

1. That public school boards have a responsibility to provide appropriate programs for all pupils.
2. That all Alberta pupils should receive their education in the province and as close to home as is feasible.
3. That all pupils who are learning disabled or behaviorally disordered should have access to appropriate programs and school jurisdictions should have access to funding for all such identified pupils.
4. That funding should be equitable regardless of school jurisdiction size and location.
5. That all children should be educated in the least restrictive environment.
6. That although school jurisdictions have the responsibility of identifying pupils with special needs and recommending educational placement, parents have the right of approval or appeal in respect to the recommended placement.
7. That a learning disability is a chronic condition and learning disabled pupils generally require support throughout their school career.

8. That private schools for the handicapped exist as an alternative to public school jurisdiction programs.

The data gathering phase of the study and analysis of existing policies and procedures was facilitated through the efforts of the following Regional Office of Education Consultants in Guidance and Learning Disabilities:

Mr. G. Cooper - Grande Prairie
Dr. G. Millar - Lethbridge
Dr. J. North - Calgary
Mr. B. Stewart - Edmonton

Background

Until March, 1978 the Government of Alberta recognized only 2 types of children as eligible to receive funding for education out-of-province. Type 1 included children who were blind or multihandicapped and blind. Type 2 included children who were admitted to a children's hospital in Winnipeg or Toronto. As of March 20, 1978 a new regulation was added whereby the Government agreed to pay grants in support of other out-of-province placements provided:

a) that the out-of-province school was approved by the Minister;
b) that the responsible board certified that they could not provide a suitable program, nor could they locate an available program within Alberta; and,
c) the amount of the grant would not be greater than the amount the Government paid to school boards which directed a child to attend a private in-province school for the handicapped. (Memo from Dr. Church, Director of Special Educational Services to Dr. Hrabi, Associate Deputy Minister dated March 10, 1978. Subsequently included in a letter to a parent by Dr. Church, March 5, 1979.)

The 1978 recognition of the need for out-of-province placements for children with handicapping conditions other than the two types noted above resulted from continued requests of parents seeking alternative placements for their handicapped children. Records of such requests date back to 1977 and perhaps earlier.

Since 1978 and as the policy evolved, four types of handicapped pupils were approved for out-of-province placement.

a) Sensory Multihandicapped
b) Learning Disabled
c) Socially Maladjusted (behaviorally disordered)
d) Blind

The grant program for out-of-province placement, at the time of its establishment, was intended to be a short term solution lasting only until such time as local jurisdictions were able to develop their own programs. However, the number of learning disabled and behaviorally disordered pupils placed in out-of-province schools has increased steadily and significantly over the past several years.

In addition to increased requests for the out-of-province placement of Alberta pupils private schools for the learning disabled have developed in Alberta. With this development school jurisdictions are increasingly faced with difficult decisions regarding the placement of pupils. Current policy requires that a jurisdiction declare that no appropriate program exists within Alberta when recommending placement out-of-province and that no appropriate program exists within the jurisdiction when recommending placement in a private school within Alberta.

Funding is currently available for the provision of special educational services to learning disabled and behaviorally disordered pupils through the Special Educational Services Branch of Alberta Education and many jurisdictions recommending out-of-province or private school placement utilize such funding. Because of the lack of clarity regarding the extent and quality of programs for this population within school jurisdictions in Alberta as compared to out-of-province and Alberta private schools, a review of the existing situation was deemed appropriate at this time. It

is anticipated that the Review of Programs for Learning Disabled and Behaviorally Disordered Pupils will assist school jurisdictions in resolving difficult placement decisions and Alberta Education in the development and revision of policies and procedures relating to this population of handicapped pupils.

METHODOLOGY

The Review was undertaken by the Special Educational Services Branch, Program Development Division of Alberta Education. Other members of the working team included the Alberta Education Regional Office Consultants in Guidance and Learning Disabilities. Monitoring and advice to the working team was provided by an Advisory Committee composed of representatives from Alberta school jurisdictions, the University of Alberta and Alberta Education. During the course of the study private agencies serving the learning disabled in Alberta were extensively visited.(see appendix A)

The basic paradigm for data gathering was to focus on programs and services for the learning disabled (LD), severely learning disabled (SLD) and behaviorally disordered (BD). Steps included:

1. A mailed survey to all Alberta school jurisdictions to determine the following with respect to LD, SLD and BD pupils: (see appendix B)

   a) basic statistics on pupils being served,
   b) extent of out-of-province and out-of-system requests for placement by parents,
   c) nature and number of pupils identified as requiring but not receiving special educational services,
   d) nature and extent of programs and services provided by local school jurisdictions,

e) nature and extent of local school jurisdictional policy,

f) school jurisdictional issues.

2. Visits to and consultation with selected school jurisdictions relative to programming and services for LD, SLD and BD pupils.
3. Visits to and consultation with private LD, SLD and BD programs serving Alberta Education sponsored pupils within and outside of Alberta utilizing a standardized checklist. (see appendix A and E)
4. Visits to and consultation with recognized programs in Canada and the United States of America. (see appendix A)
5. A survey of Canadian provinces relative to their provision of services to LD, SLD and BD school age pupils.
6. A review of the related literature. (see appendix C)
7. Discussion with other interested parties and agencies and with representatives of Alberta Social Services and Community Health.
8. A review of existing legislation, policy and funding of LD, SLD and BD programs and services by Alberta Education.
9. A review of Alberta Education records with respect to program funding.

NATURE OF EXISTING PROGRAMS, SERVICES AND SUPPORT FOR LEARNING DISABLED AND BEHAVIORALLY DISORDERED PUPILS

A) Current Alberta Education Policies, Procedures and Support

Alberta Education provides out-of-province funding for learning disabled, severely learning disabled and behaviorally disordered pupils on the basis of school jurisdiction and/or parent request, provided a suitable program is not available in Alberta. Details of this funding support are provided later in this section.

At present Alberta Education utilizes the following definitions of learning disabled, severely learning disabled and behaviourally disordered pupils.

Learning disabled. The pupil who is learning disabled is one who manifests a significant discrepancy between his estimated learning potential and actual performance. This discrepancy:

a) may be evidenced in the areas of understanding or using language, spoken or written, which in turn may manifest itself in impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations;
b) is related to basic disorders in the learning processes which may or may not be accompanied by demonstrable nervous system dysfunction;
c) will not be caused by mental retardation, educational or cultural disturbance, or sensory loss.

Any pupil enrolled in a special program for the Learning Disabled should:

a) have an academic achievement at or below the 10th percentile in reading, spelling, and/or arithmetic; or
b) where the achievement test does not provide percentile norms, have achieved a grade score which is less than 2/3 of the grade level expected for his age.

Note: Learning potential can be estimated by use of standardized intelligence tests.

Severely learning disabled. Any pupil enrolled in a special program for the severely learning disabled should:

a) have met criteria listed in number 1 above;
b) have demonstrated inability to function in a regular classroom program;

c) have an academic achievement at or below the 2nd percentile in reading, spelling, and/or arithmetic; or

d) where the achievement test does not provide percentile norms, have achieved a grade score which is less than 1/2 of the grade level expected for his age on a reputable test battery with adequate norms.

Behaviorally disabled pupil. The behaviorally disabled pupil is one whose primary disability is behavior which, over a period of time, deviates significantly from age-appropriate expectations and significantly interferes with his own development or that of others or both. The pupil should have a documented history of behavioral disability. Such pupils usually exhibit at least one of the following symptoms:

a) severe inability to establish and maintain effective relationships with peers and adults, e.g. repeated conflict, inability to participate in group activities, antisocial behavior, resentfulness, defiance;

b) frequently demonstrates inappropriate behavior or feelings under ordinary conditions, e.g. timid, withdrawn, excessive attention-seeking, emotionally unresponsive;

c) a generally pervasive mood of unhappiness or depression;

d) severe difficulty in facing reality, e.g. excessive use of fantasy;

e) very poor self-concept, e.g. strong feelings of inferiority;

f) frequently demonstrates a tendency to develop physical symptoms or fears associated with personal or school problems.

g) severe difficulty in coping with the learning situation in spite of appropriate educational remedial measures, e.g. needs an unusual amount of urging, is inattentive and indifferent.

Some behaviorally disabled pupils will be able to function in a regular classroom if adequate support services are provided e.g. itinerant teacher, psychologist, behavior aide, school counselor.

Others may exhibit behavior which is so deviant that they cannot be accommodated in a regular classroom, but could be accommodated in a special class in a regular school in an appropriate program with adequate support services.

Still others, severely disabled or a danger to themselves or others, will require placement in a specialized child care facility or treatment centre.

Funding Support. Alberta Education provides funding support for assessment, program planning and consultation on behalf of LD and SLD pupils through the Learning Disability Fund. While based on the elementary pupil enrolment, school jurisdictions utilize this grant to provide services on behalf of all school age learning disabled pupils. The funding is provided as follows:

For 1983-84 year

1. $28.00 per pupil enrollment in Grades 1 to 6
2. The actual cost of providing service or
3. $315,000,

whichever is the least.

For behaviorally disordered or learning disabled pupils school jurisdictions can access Special Education Teaching Position grants as follows:

For the 1983-84 year

1. for the learning disabled and behaviorally disordered $15,820.00 per teaching position
2. for the severely learning disabled $21,770.00 per teaching position

For pupils who are severely behaviorally disordered jurisdictions may access the Program Unit Grant as follows:

For the 1983-84 year a maximum grant for a unit of:

one pupil	$21,800.00
two pupils	26,160.00
three pupils	30,520.00
four pupils	34,880.00
five pupils	39,230.00
six pupils	43,600.00

seven or more pupils $43,600.00 + $7,260 per additional pupil.

Consultative service is provided through five Alberta Education Regional Offices of Education with one consultant in each office responsible for the area of guidance and counselling, learning disabilities and health education. With the exception of the Learning Assistance Centre in Zone 1, Alberta Education provides no direct service on behalf of learning disabled or behaviorally disordered pupils.

Alberta Special Education grants during 1981-82 provided for specific support to approximately 7.1% of the province's total school population. Access to the Special Education Teaching Position Grants for the learning disabled and behaviorally disordered was limited by Alberta Education and some jurisdictions did not receive grants in support of the total number of special education teaching positions which they requested. Of the 7.1% of the school age population supported by special grants the following figures detail the percentages allocated to learning disabled, severely learning disabled and behaviorally disabled.

Special Education Teaching Position Grants for severely learning disabled: .13% of the total school population

Special Education Teaching Position Grants for socially maladjusted: .09% of the total school population

Special Education Teaching Position Grants for learning disabled: .5% of total school population (public jurisdictions)

Programs for learning disabled: approximately .06% of total school population (private schools)

Alberta Education funded programs for the learning disabled and behaviorally disordered, excluding resource room programs, account for approximately .78% of the total pupil population of Alberta. In addition it is generally accepted that Resource Room programs, which account for approximately 4.27% of the province's total school population, are responding to the needs of the mildly handicapped. Many pupils labelled learning disabled are believed to be served through this medium. As such, a more accurate percentage of learning disabled and behaviorally disordered pupils being served by Alberta Education special grants would approximate 5.05% of the total school population.

In addition to this estimate 106 behaviorally disordered pupils receive funding support through the Program Unit Grant. These 106 pupils account for 12.4% of the total number of pupils supported by Program Unit Grants.

The literature search generally supports an estimate that approximately 3 to 30 percent of pupils may be expected to have some degree of learning disability. However, a generally accepted estimate of the percentage of the school population requiring intensive special education as the result of a learning disability is approximately 3 per cent. An additional 10% of the school population might be expected to have behavior disorders with approximately 4% considered to be handicapped to the extent that they require specialized programs of intervention. These incidence estimates indicate that approximately 7% of the total school population will require intensive special support because of a learning disability or behavioral disorder. Alberta Education grants in support of learning disabled and behaviorally disordered pupils currently provide support for approximately 5.05% of the total school population. Of this 5.05% the majority, 4.27% are served through resource room programs, while .78% are provided special class settings.

B) Survey of School Jurisdictional Programs

The Survey of School Jurisdictions yielded a 53.2 per cent return. However all large jurisdictions responded accounting for approximately 80.7 per cent of the school age pupils attending Alberta schools.

Using the 80.7% of pupils the survey generally found that:

1. About 2.7% of the survey population were identified and receiving programs for the learning disabled.
2. Less than .3% of the survey population were identified and receiving programs for the severely learning disabled.
3. Approximately 1.9% were identified and receiving programs for the behaviorally disabled. Alberta Education provided special funding for approximately .9% of such pupils while approximately 1% were supported through school jurisdictional special funding.
4. Of the approximately 1500 pupils identified but not receiving programs in Alberta schools, approximately 56.9% were in the learning disabled category at the junior high level.
5. The predominant type of program involved a resource room setting for elementary LD pupils.
6. As pupils become older fewer programs were available.
7. Fewer programs were available for SLD than LD and even fewer programs were available for BD pupils.
8. Typically the BD pupils who were served were given individualized programs in the regular classrooms with specific support services.
9. Approximately 76% of the school jurisictions responding to the Survey reported having a regular screening program to identify LD, SLD and BD pupils.
10. The existence of a formal annual review process of pupils in LD, SLD or BD programs was reported by 61.5% of the responding school jurisdictions.
11. Parental involvement in the program was reported by 68.1% of the responding jurisdictions.

12. Only 21.9% reported a rule or policy concerning the minimum assessment necessary to identify a BD pupil while 58.2% reported such a rule/policy covering LD and SLD pupils.
13. By way of summary, for the approximately 80% of pupils covered in the survey some 3 per cent were identified as learning disabled and approximately 2% were identified as behaviorally disordered.

Some of the common issues noted by school jurisdictions included:

1. The need for special attention to the difference between large and small district financing and program availability.
2. Concern for the appropriateness of the resource room model in dealing with learning disabled and behaviorally disordered pupils.
3. Concern for the general lack of programs for the BD child.
4. The lack of programs for adolescent LD/BD pupils.
5. The lack of funding support for guidance and counselling of BD pupils.
6. The need for Alberta Education leadership regarding policy and guideline development in the area of programs for LD and BD pupils.
7. The need for continued earmarking of special education funding.
8. Concern that the present grant system encourages out-of-jurisdiction/province placement.
9. That funding in support of programs for SLD and LD pupils is inadequate.
10. That funding in support of programs for BD pupils is inadequate.

The Regional Office Consultants in Guidance and Learning Disabilities reviewed programs for the LD, SLD and BD in the six Alberta Education zones of the province and generally confirmed the findings of the survey of school jurisdictions. These findings are summarized as follows:

1. Generally larger centers offer a full continuum of services to the LD population at the elementary level.

2. Generally LD pupils are better served at the elementary level than at the junior or senior high levels.
3. Rural systems have difficulty offering a full continuum of services and typically cluster a variety of handicapped pupils for special educational services.
4. Larger urban jurisdictions tend to support programs not funded by Alberta Education to a greater degree than small jurisdictions.
5. Programs for SLD pupils are not readily available in school jurisdictions.
6. While a few programs exist for the BD pupils, residential/educational settings are not available in Alberta.
7. Support personnel are typically available for assessment, however, support for the purpose of program consultation is generally lacking.
8. Professional development tends to focus on teachers of elementary level pupils.
9. With the exception of the urban centers and isolated other school jurisdictions, individual educational plans are the exception rather than the rule with LD pupils. However, those jurisdictions with programs for the BD tend to write individualized program plans for these pupils.
10. School jurisdictions generally obtain written parental permission for placement. In addition urban and larger rural centers have a number of parent advocacy groups.
11. Special projects tend to revolve around outreach programs, use of Feuerstein materials, select BD programs and select junior/senior high LD programs.

The major gaps identified through these reports and the survey appear to include:

1. Lack of programs and services for behaviorally disordered pupils and an almost total lack of residential/educational settings.
2. Lack of programs at the junior and senior high level for learning disabled and severely learning disabled pupils.

3. Lack of a continuum of services, programs and support personnel in the rural areas.
4. A need to address a funding mechanism based on the unique needs of urban and rural (large and small) school jurisdictions.
5. A general lack of program development consultative services following assessment.

C) **Private Programs - In Province**

A number of private programs operate within Alberta. Typically these serve LD and SLD pupils at the elementary and junior high school level. These private schools provide what appear to be high quality programs utilizing existing surplus school space. It was reported that these programs typically select pupils who will benefit from the specific teaching style of the private school. As such the pupils admitted do not span the continuum of differences typically found in the public schools. Furthermore, a number of the pupils do not meet the criteria of being severely learning disabled. The programs are located in large urban centres serving primarily pupils from the immediate surrounding area. While most are eclectic in approach, the Calgary Academy tends to emphasize a specific teaching technique, the Orton Gillingham procedure.

In the private schools the adult/pupil ratio in the half day remedial program is 2:10 while in the other half day curriculum based program the ratio is approximately 1:10. There is little to differentiate the private school from the public school programs for the severely learning disabled and the pupil/teacher involvement is similar in many public school programs. However, school jurisdictions in most cases do not provide fully segregated settings for the type of pupils in attendance at the private schools and the number of available settings in school jurisdictions is limited. Many of the teaching materials and strategies utilized in the private schools are the same as those utilized by school jurisdictions.

The private schools generally tend to keep their populaton under 100 pupils. Since they are selective in choosing their pupils and staff, the total school seems to reflect a unified philosophy. This is the primary

distinguishing feature of the private segregated school from the public school given the public school's requirement to accept all pupils and address a variety of needs.

Most of the segregated private schools for the learning disabled offer programs with the stated intent that pupils stay for approximately a two year interval. However, it should be noted that many stay for longer periods.

Parental involvement is high at the time of the pupil's entry to the private school. However, on a continuing basis the formal structured involvement would not appear to be all that different from the public school setting. Nevertheless, it appears that parents have more ready access to the administration and teachers of the private schools through their local parent boards than is true of public schools. In addition parents placing their child in one of these private schools are often highly committed to the school.

Professional support personnel are generally no more readily available in the private schools than in the public jurisdictions. Administratively, most of the private schools are operated by a Board through a director or principal.

One relatively unique approach is found in the Calgary Learning Centre which utilizes a three-pronged approach to working with LD pupils: 1) research, 2) professional development through in-service and demonstration projects and 3) direct services to pupils through assessment, program consultation and program implementation. While problems exist in the operation (such as having pupils travel from school to the Centre thereby missing additional school time), the concept has merit relative to its multidisciplinary approach, the pooling of resources and emphasis on much needed research. However, the issues of which population should receive the primary focus at such a center and the manner of service delivery need to be further addressed.

The Calgary Learning Centre, supported through a consortium of agencies and partially funded by Alberta Education, provides at least partially for a service required on behalf of learning disabled children in one area of the province. Further review is necessary to determine the most appro-

priate and efficient model to make full services available throughout the province and equally accessible to large and small jurisdictions.

Tuition for attendance at the private schools for the learning disabled range from approximately $5,880.00 at the Evelyn Unger School to $11,000.00 at the Calgary Academy and a high of $12,300.00 at the Foothills Academy. When pupils are directed to attend the private school by a public jurisdiction the combined grant from Alberta Education and the school jurisdiction is approximately $5,880.00. Where the child is placed directly by parents in the private school, and the pupil is eligible, the Alberta Education grant is 75% of the grant payable to a school jurisdiction or approximately $3,660.00. Parents are required to pay tuition above the grants as high as $8,900.00 in some cases. It should be noted that the private schools arrange for a minimal degree of tuition reduction through parent participation in fund raising and other activities of the schools.

The private schools for learning disabled pupils generally operate classes of 10 pupils while similar public school classes generally accommodate 6 pupils. The following figures roughly indicate grant revenue available on behalf of a class of 6 and 10 LD pupils in an approved private school for the handicapped and a comparable class in a public school:

Private School

	6 Pupils	10 Pupils
Alberta Education Grant - (age 12 - 15) (x 4880)	$29,280.00	$48,800.00
School Jurisdiction* Grant - (x 1000)	$ 6,000.00	$10,000.00
	$35,280.00	$58,800.00
Per Pupil Grant Revenue	$ 5,880.00	$ 5,880.00

* This amount ($1000) approximates the average per pupil supplementary requisition, a revenue source available to public schools but not to private school.

Public School

	6 Pupils	10 Pupils One Class	10 Pupils Two Classes*
Special Education Teaching Position Grant -	$21,770.00	$21,770.00	$43,540.00
School Foundation Program Fund Grant (Junior High School) (x 1757) -	$10,542.00	$17,570.00	$17,570.00
TOTAL	$32,312.00	$39,570.00	$61,110.00
Per Pupil Grant Revenue	$ 5,385.00	$ 3,957.00	$ 6,111,00

* With 10 pupils the school jurisdiction could create two classes.

Under the current funding arrangement the private school receives slightly more grant revenue per class than public schools, when revenue is based on classes of 6 pupils, and substantially more when based on classes of 10 pupils. Based on classes of 6 pupils the private school per pupil revenue is slightly higher than that of the public school. Based on a private school class of 10 pupils and given that with 10 pupils the public school could create two classes, the per pupil revenue for the public school is $726.00 per pupil higher. While per pupil grant revenue between public and private schools is equitable, private schools have access to per pupil funding while public schools must access teaching position funding. The funding mechanism tends to limit the development of alternative and possibly more economical delivery models by public jurisdictions.

At present Alberta Education provides funding in support of all pupils attending the private schools for the learning disabled either directly or through a school jurisdiction. While the funding category is intended to support the severely learning disabled, not all pupils in attendance at these private schools meet Alberta Education criteria as severely learning disabled.

D) Programs for the Behaviorally Disturbed Pupil - In Province

Programs for BD pupils are generally available only through Alberta Social Services and Community Health and only after the matter becomes a concern of the legal system and/or the Child Welfare Act (see Appendix D for a listing of programs and services). The majority of these programs amount to residential, short term supervisory facilities. Notable exceptions providing treatment are Westfield, Youth Development Centre, William Roper Hull and Stampede Boys Ranch.

School programs at these centres are generally operated under contract with the local school jurisdiction. Within this context Westfield offers a unique transitional program whereby pupils placed at the Westfield Centre, who are ready to enter more normalized settings, are placed in a receiving school during an interim adjustment period. This program while still in the pilot phase and in need of further refinement has shown some definite strengths and advantages. It assists Westfield personnel in maintaining a closer support to those individuals attempting to re-enter a more normalized setting.

A clear lack of placement opportunities in Alberta was identified for emotionally disturbed or behaviorally disordered pupils and particularly for those who require removal from their home and local school for a period of remedial education and/or treatment. Residential/educational placement options in the province are practically non-existent for this population at the high school level and minimal at the junior high school level. Existing settings operated by Alberta Social Services and Community Health are generally not available for these pupils. Indeed, such settings do not accept referrals from school jurisdictions or parents.

E) Private Programs - Out-of-Province

A wide variety of programs and services are available outside Alberta. This section of the report will address the topic under two headings. One is Approved Out-of-Province Programs. The second is "Model" Out-of-Province Programs.

Approved out-of-province programs. Alberta Education currently approves sixteen out-of-province schools for attendance by handicapped Alberta pupils. Thirteen of these schools are designated as placements for severely learning disabled or behaviorally disordered youngsters. The criteria for placement out-of-province is that there is no appropriate placement for the pupil available in Alberta. Funding is provided on the basis of an 85% - 15% split between Alberta Education and the sponsoring school jurisdiction. Alberta Education pays 85% of the cost up to a stated maximum and the school jurisdiction directing the child to attend is responsible for the balance of the cost. Where parents place a child out-of-province directly, and Alberta Education approves the placement, parents may access 75% of the grant available to a school jurisdiction.

Current funding arrangments allow children to be placed in out-of-province private schools at virtually no cost to parents while placement in Alberta private schools may result in a substantial cost to the parents. In addition, the cost to school jurisdictions directing pupils to attend out-of-province is minimal compared to operating their own program for the learning disabled or behaviorally disordered.

Some of the approved schools on close examination were found not to be schools for the handicapped as required by regulation. For example, Athol Murray College of Notre Dame in Wilcox, Saskatchewan and St. Scholastica School in Colorado do not provide special remedial programs or specialized personnel. Another program, the Randell-Moore School in Colorado, is not considered to be an appropriate placement for Alberta pupils.

Despite the above comments no other outstanding faults were noted in the schools visited which are currently on the Alberta Education approved list. It is important to note that with the exception of Ranch Ehrlo, Bosco Homes and Wallace Village, which are residential/treatment facilities

for behaviorally disturbed children and adolescents, the other centers do not offer significantly different programs from those found in the public sector or from those found in Alberta. Parents should be advised that receipt of a grade 12 school leaving certificate from the Denver Academy does not equate with such a certificate gained in Alberta. Graduation from an approved out-of-province school will, in most cases, not provide entry requirements to programs such as the Alberta Institutes of Technology or universities. However, because of the lack of placement opportunities in Alberta for high school age severely learning disabled and behaviorally disordered pupils, the option of out-of-province placement should be maintained as an interim measure.

"Model" out-of-province programs. The term model is used here to describe other programs that were identified and visited outside of Alberta. The term does not in all cases allude to an exemplary program. Centers in Ontario, Manitoba, California, Quebec and Washington, D.C. were visited or contacted. A wide variety of facilities exist in these locations. With the exception of the Mark Twain School in Washington, D.C. and the California State Assessment Bureau, none of the programs reviewed or visited exhibited totally unique features to those already reviewed. The California Assessment Bureau appears to offer a rather costly but intensive assessment and program consultation model augmented by a residential setting that may offer some ideas for the provision of similar services to rural Alberta. The Mark Twain School System also has some positive features which may be useful in designing programs for Alberta pupils. It is a school jurisdiction operated program providing a continuum of services to behaviorally disordered pupils and offers a model for a teacher/counsellor role involving teachers in a paraprofessional counselling consultation model.

Summary - out-of-province. The brief review of out-of-province programs, while providing much valuable information, did not uncover any models which could simply be replicated in Alberta. It would appear that Alberta will be required, as were other states and provinces, to develop its own programs and services to meet the unique needs of Alberta pupils.

A review of programs and services within other Canadian provinces is presented in the next section. Individual reports on programs visited within and outside of Alberta are available on request from the Special Educational Services Branch of Alberta Education.

E) Status of Learning Disabled and Behaviorally Disturbed Programs in Canada

A number of aspects are addressed in this summary of services to the learning disabled and behaviorally disordered pupils in Canada.

1. Out-of-Province Funding

- The Atlantic Provinces do provide for out-of-province placement of LD/BD pupils. This program is administered through the Atlantic Provinces Special Education Authority (APSEA) on the basis of a referral from local school jurisdictions. APSEA while supported through financing from each of the four Atlantic Provinces is independent of the four Provincial Governments. An appeal committee rules on parent/school jurisdiction disputes referred to them. Membership on the appeal committee includes a lawyer or judge, a medical doctor, educational and psychological representatives.

- British Columbia, Manitoba, and Ontario generally do not support out-of-province placements. However, some pupils are placed outisde of Ontario through an arrangement with the Social Services Department.

- Saskatchewan provides very limited support of out-of-province placement. This province is currently evaluating their continuation of this process.

- Quebec - no information available.

- The Territories do not specifically fund LD/BD pupils. They do provide for out-of-province placement in special need cases and utilize Alberta jurisdictions extensively.

2. Definition

- In other Canadian provinces the definitions of learning disabilities vary considerably, however, certain central themes emerge in regard to the learning disabled.

  a. Most other provincial definitions approximate the United States Federal Register definition of 1977. This definition is provided in the review of literature (appendix C).
  b. Most definitions require average intellectual functioning.
  c. Most definitions call for a discrepancy between achievement and ability.
  d. Some definitions note severe discrepanies prohibiting functioning in the regular classroom setting.
  e. Most definitions exclude sensory impairments, physical handicaps, primary emotional envolvement, mental retardation and cultural factors.

- Detailed definitions of the behaviorally disordered appear to exist only in Ontario. While some provinces such as British Columbia reference such pupils in their handbooks, the definitions appear too general to support a funding base if one did exist. The Ontario definition distinguishes between the socially maladjusted and the emotionally disturbed. A copy of that definition is provided in the literature review in appendix C.

3. Funding and Support Services Programs

- All provinces provide funding support on behalf of programs for the learning disabled. However, Newfoundland does not fund on a categorical basis and no specific mention of learning disabilities is provided in their funding guidelines. It would also appear that all provinces provide some form of direct services to pupils including those labelled learning disabled.

- Provincial coordinators for learning disabilities exist in British Columbia, Saskatchewan, New Brunswick and Ontario. Provincial consultants exist in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia and New Brunswick.

- Model Programs and(or) Research/Treatment/Assessment Centres that specifically focus on the learning disabled are available and supported by the provincial governments of Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and through the Atlantic Provinces Special Education Authority. In addition, Newfoundland and Prince Edward Island operate centres that serve pupils with various handicapping conditions including the learning disabled. The New Brunswick model is extensive covering both official languages and addressing assessment and program development.

- Special schools for the learning disabled operated directly by a provincial government exist only in Ontario and through the Altantic Provinces Special Education Authority.

- Programs and services are provided for behaviorally disordered pupils through private schools and(or) residential treatment facilities in British Columbia, Saskatchewan, Ontario and Quebec. Only Ontario provides services directly and the policy is currently under consideration with a view to requesting

school jurisdictions to operate such programs and services in the future. Social Services has typically been responsible for behaviorally disordered pupils under the child Care Act of each province. Such care becomes possible only after the pupil is in contravention of the law, has been abused or is deemed out of control of the home. While many of the provincial educational officials indicated concern about non educational agencies having such responsibility and are attempting to address the issue, no resolution of the issue has yet been identified.

CONCLUSIONS AND RECOMMENDATIONS

School Jurisdiction Funding

Conclusion

Current Alberta Education funding procedures do not allow school jurisdictions to develop additional programs for the learning disabled and behaviorally disordered. Funding support for public schools is more restrictive than for private or out-of-province placements, and the number of Special Education Teaching Position Grants available to school jurisdictions is limited.

Recommendations

It is recommended that:

1. Alberta school jurisdictions receive revenue in support of programs for the severely learning disabled at a rate at least equivalent to that now provided on behalf of severely learning disabled pupils attending Category II Private Schools with a board's approval.

2. Funding in support of programs for the learning disabled and behaviorally disordered be provided on a per pupil basis for a reasonable percentage of the total school population which is identified and receiving special programs within a school jurisdiction.

3. The current ceiling on the Learning Disability Fund Grant be removed and the grant be expanded to include identification, assessment, program consultation and therapy for all ages and types of exceptional pupils.

4. A minimum grant be designated to allow a realistic level of funding support through the Learning Disabilities Fund to small school jurisdictions.

Category II Private Schools

Conclusions

Category II Private Schools for the severely learning disabled and behaviorally disordered provide an appropriate alternative for some Alberta pupils. The kind of programming provided by the private schools does not differ significantly from that available in public schools but the necessary quantity of programs are not available in public jurisdictions.

Recommendations

It is recommended that:

5. School jurisdictions directing or approving behaviorally disordered or severe learning disabled pupils to attend a private school be responsible for payment of all tuition costs above the government grant.

6. Tuition charged by Category II Private Schools be subject to approval by Alberta Education and become a component of the eligibility criteria for approval purposes.

7. Where parents place a severely learning disabled or a behaviorally disordered pupil in a Category II Private School, without school jurisdiction approval, the private school be eligible to receive 75% of the grant payable to school jurisdictions on behalf of pupils directed to attend a Category II Private School.

8. Where parents place a pupil, who is not severely learning disabled, in a Category II Private School without school jurisdiction approval; the private school be eligible to receive funding equivalent to 75% of the applicable School Foundation Program Fund Grant.

9. Category II Private Schools be required to demonstrate to Alberta Education on an annual basis the eligibility of all new pupils for funding purposes.

10. Category II Private Schools be required to maintain in each pupil's file a summary sheet providing eligibility data, current educational achievement data and program plans.

11. Annual inspections of Category II Private Schools include a comprehensive analysis of financial records.

12. Alberta Education funding in support of pupils attending Category II Private Schools terminate when the pupil is 18 years of age as of September 1.

13. Funding for behaviorally disordered pupils attending Category II Private Schools be raised to a level equivalent to that provided on behalf of severely learning disabled pupils.

14. Existing regulations be revised to allow Category II Private Schools to offer high school courses for credit.

15. Private School Regulations be revised to accommodate the existing situation regarding private schools for the learning disabled and to require the employment of teachers with a valid certificate of qualification issued under the Department of Education Act.

Out-of-Province Education

Conclusions

Alberta Education has more out-of-province schools on the approved list than is necessary to accommodate the need for these placements, some no longer have Alberta pupils attending, some are not schools for the handicapped and some have been replaced by equal or better programs which are closer to Alberta. Appropriate programs are generally available in Alberta for elementary and junior high school age severely learning disabled pupils. Not all pupils attending out-of-province schools for the learning disabled meet Alberta Education criteria as severely learning disabled.

Recommendations

It is recommended that:

16. Regulations be revised to provide support for out-of-province placement only on behalf of pupils directed to attend by a school jurisdiction.

17. Criteria for out-of-province placement be revised to require that pupils attending a school for the learning disabled meet Alberta Education criteria as severely learning disabled.

18. The following be removed from the list of approved out-of-province schools with a grandfathering clause for pupils currently attending the schools.
    - Cedar Lodge Centre, Cobbie Hill, B.C.
    - Dallas Academy, Dallas, Texas
    - Eagle Hill Greenwich School, Greenwich, Conn.
    - Gow School, South Wales, N.Y.
    - Idaho State School for the Deaf & Blind, Gooding, Idaho
    - Maplebrook School, Amenia, N.Y.
    - Randall Moore School, Denver, Colorado
    - St. Barnadas School, Fort Erie, Ontario
    - St. Scholastica School, Colorado

19. Athol Murray College of Notre Dame in Wilcox, Saskatchewan remain on the list of approved out-of-province schools until such time as residential/educational programs become available in Alberta.

20. Approved out-of-province schools be inspected on an annual basis by Alberta Education to determine if they meet Alberta Education criteria approval and to verify that comparable programs do not exist in Alberta.

21. Parents and school jurisdictions be advised that approved out-of-province schools will not necessarily provide pupils the Alberta equivalency of a high school diploma.

22. Eligibility for support of attendance out-of-province terminate when the pupil is 18 years of age as of September 1.

Definition

Conclusion

The current Alberta Education definitions of learning disabled, severely learning disabled and behaviorally disordered lack sufficient

specificity for the provision of differentiated funding. The specificity of current definitions is further hampered by the wide variety of testing instruments used to determine the eligibility of pupils.

Recommendations

It is recommended that:

23. A committee be formed to review and if possible develop, prior to the end of the 1983-84 school year, definitions based on specific standardized test results which will clearly specify criteria for the learning disabled and severely learning disabled.

24. A committee be formed to develop, prior to the end of the 1983-84 school year, specific definitions which will clearly distinguish between behaviorally disordered and emotionally disturbed pupils.

25. The following interim definitions for the learning disabled, severely learning disabled and behaviorally disordered be adopted.

Learning Disability

The pupil who is learning disabled is one who manifests a significant discrepancy between his estimated learning potential and actual performance. This discrepancy is:

(a) manifested in wide discrepancies among intellectual, developmental and/or school achievement areas for which special, remedial, and/or compensatory teaching is required, and
(b) not the result of mental retardation, sensory deficits, emotional disturbance, or lack of opportunity to learn.

1. Any pupil enrolled in a special program for the Learning Disabled should:

a) have an academic achievement at or below the 10th percentile in language arts, and/or arithemtic skills;

b) where the achievement test does not provide percentile norms, have achieved a grade score which is less than 2/3 of the grade level expected for his age.

c) have demonstrated an inability to function in a regular classroom program in language arts and/or mathematics.

Note: Learning potential shall be estimated by use of standardized individual intelligence tests.

Severely Learning Disabled Pupil

Any pupil enrolled in a special program for the severely learning disabled should:

a) have met the criteria listed in number 1 above;

b) have consistently demonstrated an inability to function using regular curriculum and instructional methodologies and requires a highly structured program with a low pupil/teacher ratio and special teaching techniques.

c) have an academic achievement at or below the 2nd percentile in language arts and/or arithmetic skills.

d) where the achievement tests do not provide percentile norms, have achieved a grade score which is less than 1/2 of the grade level expected for his age on a reputable test battery with adequate norms.

Behaviorally Disabled Pupil

The behaviorally disabled pupil is one whose primary disability is behavior which, over a period of time, deviates significantly from age-appropriate expectations and significantly interferes with his own development or that of others or both. The pupil should have a documented history of behavioral disability. Such pupils usually exhibit at least one of the following symptoms.

a) severe inability to establish and maintain effective relationships with peers and adults, e.g. repeated conflict, inability to participate in group activities, antisocial behavior, resentfulness, defiance.
b) frequently demonstrates inappropriate behavior or feelings under ordinary conditions, e.g. timid, withdrawn, excessive attention-seeking, emotionally unresponsive;
c) a generally pervasive mood of unhappiness or depression;
d) severe difficulty in facing reality, e.g. excessive use of fantasy;
e) very poor self-concept, e.g. strong feelings of inferiority;
f) frequently demonstrates a tendency to develop physical symptoms or fears associated with personal or school problems.
g) severe difficulty in coping with the learning situation in spite of appropriate educational remedial measures, e.g. needs an unusual amount of urging, is inattentive and indifferent.

Some behaviorally disabled pupils will be able to function in a regular classroom if adequate support services are provided e.g. itinerant teacher, psychologist, behavior aide, school counselor.

Others may exhibit behavior which is so deviant that they cannot be accommodated in a regular classroom, but could be accommodated in a special class in a regular school in an appropriate program with adequate support services.

Still others, severely disabled or a danger to themselves or others, will require placement in a specialized child care facility or treatment centre.

Note: With the exception of those made by the courts, decisions regarding the severity of disability and appropriate placement should be made only after a thorough individual psychi-

atric and/or psychological assessment by a qualified examiner has been completed. A thorough medical assessment is also strongly recommended.

26. That Alberta Education immediately designate the following tests as required to document eligibility for funding support of learning disabled and severely learning disabled pupils:

One of A or B

A Pre-school Intelligence

McCarthy Scale of Children's Abilities - Individually Administered
Stanford-Binet Intelligence Scale - Individually Administered
Wechsler Pre-school and Primary Scale of Intelligence - Individually Administered

B School Age Intelligence

Stanford-Binet Intelligence Scale - Individually Administered
Wechsler Intelligence Scale for Children (Revised) - Individually Administered
Wechsler Adult Intelligence Scale (Revised) - Individually Administered

And Two of C - I

C Metropolitan Achievement Tests

D Peabody Individual Achievement Test

E Wide Range Achievement Test

F Woodcock Johnson Psycheducational Battery

G Durrell Analysis of Reading Difficulty

H Key Math Diagnostic Arithmetic Test

I Brigance Diagnostic Inventories

27. Alberta Education require that persons assessing learning disabled or severely learning disabled pupils to determine eligibility for funding meet the appropriate qualifications for inclusion on the Learning Disabilities Fund Registry.

Program Development

Conclusions

There is an obvious lack in Alberta of residential/educational programs for adolescent behaviorally disordered pupils.

Recommendation

28. It is recommended that Alberta Eduation commence negotiation with school jurisdictions and other government departments to develop residential/educational programs in Alberta for behaviorally disordered pupils which would be accessible on referral by a school jurisdiction.

Conclusion

There is a lack of leadership in Alberta to assist school jurisdictions to develop appropriate and effective programs for the learning disabled, severely learning disabled and behaviorally disordered.

Recommendation

It is recommended that:

29. Alberta Education form committees to develop a handbook for school jurisdictions containing the following components for both the learning disabled and behaviorally disordered:

A. screening techniques
B. early intervention/prevention techniques
C. diagnosis
D. assessment and program planning
E. teaching strategies
F. materials and equipment
G. program evaluation
H. guidelines for development and maintenance of files and reports
I. standards for demission

30. Alberta Education establish a list of appropriate diagnostic materials for learning disabled and severely learning disabled pupils and stock the materials in the School Book Branch.

31. Alberta Education develop, maintain and distribute a listing of program options available in Alberta for learning disabled and behaviorally disordered pupils.

32. Alberta Education establish a centre for assessment, research, treatment and demonstration in the education of learning disabled and behaviorally disordered pupils. The centre should address all levels and degrees of academic, social, personal and family involvement but should initially focus on rural areas and on the adolescent population.

33. Consultants with sole responsibility in the area of learning disabilities be employed in the Edmonton and Calgary Regional Offices.

34. Alberta Education review admission procedures to Social Service, Hospital and Solicitor General operated programs for the behaviorally disordered with a view to increasing the availability of these programs through school jurisdiction referral.

Appeal Mechanisms

Conclusion

Appeal mechanisms to resolve disputes between parents and a school jurisdiction are only partially available in Alberta. An effective and efficient appeal procedure on the provincial level is not available.

Recommendations

It is recommended that:

35. School jurisdictions be required to establish local appeal committees according to the following:

PURPOSE

Where the parent or guardian is in disagreement with the school system regarding financial support for an out-of-jurisdiction placement a request for an appeal may be made to the local appeal committee. The appeal committee will make a recommendation regarding placement to the School Board.

MEMBERSHIP

The local appeal committee consists of a minimum of three members not involved with the case and appointed by the school board.

JURISDICTION

The appeal committee will deal with questions regarding pupils who are residents of the jurisdictions.

MEETINGS AND EXPENSES

The committee will meet as required and expenses incurred in the hearing will be a charge to the board.

DECISIONS

The committee will provide a recommendation regarding placement to the school board. The decision of the Board may be appealed by the parent/guardian to the Special Education Appeal Board.

36. Alberta Education establish a provincial appeal board according to the following:

PURPOSE

To resolve disagreements between the school jurisdiction and parents/guardian over the special education placement of a student where financial support for an out-of-jurisdiction placement is sought by the parent.

MEMBERSHIP

Three members appointed by the Minister of Education.

MEETINGS AND EXPENSES

Three meetings per year in January, March and November or as required be held. Honoraria and expenses would be a charge to Alberta Education.

DECISIONS

Decisions of the Boards would be final and binding on the school jurisdiction, parents/guardians and Alberta Education.

PROCEDURES

1. Local appeal procedures must be exhausted prior to a request for a hearing before the appeal board.
2. The parent or school board representative requests a hearing in writing to the Chairman of the Appeal Board providing all documentation, indicating who will attend the hearing on their behalf, within 30 school days of being advised of the Board decision regarding placement.

3. The Chairman advises all parties of the request for hearing and collects all relevant information. Further assessment may be requested at the Chairperson's discretion.
4. A hearing date is set.
5. The parent or persons designated by the parent and representatives of the school jurisdictions shall present their positions regarding the matter of placement.
6. The Appeal Board will arrive at a decision regarding the placement of the pupil and advise all parties within 15 days of the hearing.
7. School jurisdictions and Alberta Education will be bound by the decision of the Appeal Board.
8. Where parents disagree with the decision of the Appeal Board the cost of placing the child in a school or agency not recommended will be the responsibility of the parent.

Implementation

The Advisory Committee recognizes that the recommendations contained in the report are comprehensive in nature and in some cases costly and time consuming to implement. The committee emphasizes an urgency to accommodate the unmet needs of school jurisdictions in providing appropriate programs for the learning disabled, severely learning disabled and behaviorally disordered pupils of Alberta.

Recommendation

37. A position be provided to the Special Educational Services Branch on a full time basis commencing August 1, 1983 to facilitate the implementation of the above recommendations according to priority and over a period of several years.

APPENDIX A

Agencies Serving The Behaviorally Disordered And Learning Disabled Visited Or Consulted By Review Committee

In Province Agencies

- Alberta Social Services and Community Health, Edmonton
- Calgary Academy, Calgary
- Calgary Learning Centre, Calgary
- Children's Hospital, Calgary
- Dr. Carl Safran School, Calgary
- Evelyn Unger School, Edmonton
- Foothills Academy, Calgary
- Glenrose Hospital, Edmonton
- Learning Assessment Centre, Grande Prairie
- Stampede Boys Ranch, Calgary
- Westfield Centre, Edmonton
- William Roper Hall, Calgary
- Youth Assessment Centre, Grande Prairie
- Youth Development Centre, Edmonton

Out-of-Province

While all Provincial Departments of Education were contacted, more detailed discussions were held with:

- Manitoba Department of Education
- New Brunswick Department of Education
- Ontario Department of Education
- Saskatchewan Department of Education

In addition the following were consulted and(or) visited:

- Almansor Education Centre, California
- Athol Murray College, Wilcox, Saskatchewan
- Bosco Homes, Regina, Saskatchewan
- Clearview School, California
- Denver Academy, Denver, Colorado

- Devereux Foundation, California
- Diagnostic School for Neurologically Handicapped Children, California
- Frostig Centre of Educational Therapy, California
- Mark Twain School, Washington, D.C.
- Park Century School, California
- Ranch Ehrlo, Regina, Saskatchewan
- Randall Moore School, Denver, Colorado
- St. Scholastica, Colorado Springs, Colorado
- Thistletown School, Rexdale
- Toronto Board of Education
- Trillium School, Ontario
- University of California at Los Angles, California
- Wallace Village for Children, Broomfield, Colorado
- Winnipeg School Board

A representative also attended the World Congress on Learning Disabilities held in Montreal during 1983.

APPENDIX B

Survey of School Jurisdictions

February 9, 1983

To: Superintendent of Schools

Dear Sir/Madam:

The Special Educational Services Branch of Alberta Education will, over the course of the next several months, be conducting a review of programs and services to pupils who are categorized as learning disabled or emotionally/behaviorally disabled. The intent of this review is to provide an information base for Alberta Education and for Alberta school jurisdictions relative to definition and assessment, as well as program and placement options. This study will assist in the development of policy and procedures to continue meeting the needs of these pupils.

One aspect of this study entails gathering data on what is available within Alberta school jurisdictions as well as what might still be needed. In this regard I am asking your cooperation in completing, or having completed by the person responsible for Special Educational Services in your jurisdiction, the enclosed survey. Once we receive and analyze the survey a representative of Alberta Education may be contacting you to arrange a personal visit to programs operated within your school jurisdiction.

Thank you for your cooperation in this undertaking. The return of the survey by March 10, 1983 will be greatly appreciated.

Sincerely,

H. McLeod

Heleen J. McLeod, Director
Special Educational Services

CC. R. Bosetti
M. Fenske
H. Finnestad

Thank you for taking the time to address the questions posed in this brief survey. The information gathered will be compiled in a report which will provide valuable information regarding the nature and extent of services to learning disabled, severely learning disabled and emotionally/behaviorally disordered pupils in Alberta. The report will provide a summary of information gathered from across Alberta and will not be specific to individual jurisdictions completing the survey. Respondents will all receive a copy of the report.

For the purpose of this survey we ask you to use the attached Alberta Education definitions for learning disabled, severely learning disabled and behaviorally disabled pupils.

Please return the survey on or before March 10, 1983 to:

Mr. Fred French
Special Educational Servi es
Alberta Education
5th Floor, West Tower
Devonian Building, 11160 Jasper Avenue
Edmonton, Alberta T5K 0L2

Your cooperation in this matter will be greatly appreciated. Please direct any questions you may have to Dr. H. Finnestad (427-2894) or Mr. Fred French (427-2939).

SURVEY OF PROGRAMS AND SERVICES BY ALBERTA
SCHOOL JURISDICTIONS FOR LEARNING DISABLED
AND EMOTIONALLY/BEHAVIORALLY DISTURBED PUPILS

School Jurisdiction _____ Zone _____

Person Completing Survey _____

SECTION I

Please complete the following tables utilizing 1982-83 statistics as they apply to your school jurisdiction.

Table A

	LD	SLD	BD
Number of pupils identified and receiving programs in your school jurisdiction as a result of Alberta Government Grants.			
Number of pupils identified and receiving programs in your school jurisdiction but not resulting from Alberta Government Grants.			

Table B

	LD	SLD	BD
Number of requests by parents for out-of-province placement.			
Number of pupils placed out-of-province.			
Number of pupils placed in other within province school jurisdictions.			
Number of pupils placed in private schools within Alberta.			
Number of pupils placed in your school jurisdiction who are normally resident in another school jurisdiction.			
Number of non resident pupils referred to your school jurisdiction for services but not accepted.			

Table C

Are LD, SLD and BD pupils identified but not provided special services within your school jurisdiction.

Level	Number		
	LD	SLD	BD
Elementary	_____	_____	_____
Junior High School	_____	_____	_____
High School	_____	_____	_____

Table D

Please indicate the number of pupils served at each level in each of the identified types of programs.

Type of Program	Learning Disabled			Severely Learning Disabled			Behaviorally Disordered		
	Number of Pupils Served			Number of Pupils Served			Number of Pupils Served		
	Elem.	J.H.S.	H.S.	Elem.	J.H.S.	H.S.	Elem.	J.H.S.	H.S.
Individualized programs in regular classes with specified support resources									
Resource Rooms									
Child Clinics									
Academic Segregated Special Classes									
Vocational/Academic Segregated Special Classes									
Academic Segregated Special Schools									
Vocational/Academic Segregated Special Schools									
Other (please list)									

SECTION II

With reference to LD, SLD and BD pupils please answer yes or no to the following questions:

	YES	NO
1. Is there a regular standard screening program in your jurisdiction?	☐	☐
2. Are indentified programs and materials designed for each LD, SLD and/or BD pupil in your jurisdiction prior to and/or immediately following actual placement?	☐	☐
3. Is there a formal process for periodic annual review of each LD, SLD and/or BD pupil following placement?	☐	☐
If "yes", please identify the person by position responsible for initiating the review. _____		
4. Does your school jurisdiction have a rule/policy regarding parental involvement?	☐	☐
5. Does your school jurisdiction have a rule/policy statement regarding the nature of the minimum assessment necessary to identify an LD or SLD pupil?	☐	☐
6. Does your school jurisdiction have a rule/policy statement regarding the nature of the minimum assessment necessary to identify an BD pupil?	☐	☐
7. Does your school jurisdiction have its own criteria for placement of pupils into LD and/or SLD programs?	☐	☐
If "yes", please outline or include a copy.		
_____		
_____		
_____		
8. Does your school jurisdiction have its own criteria for placement of pupils into programs for BD pupils?	☐	☐
If "yes", please outline or include a copy.		
_____		
_____		
_____		

SECTION III

Please utilize the following space to address any issue/comments/ suggestions you would like to draw to our attention.

Thank you for your cooperation. Please place in enclosed envelope and return to Fred French on or before March 10, 1983.

DEFINITIONS

1. Learning Disabled Pupil:

The pupil who is learning disabled is one who manifests a significant discrepancy between his estimated learning potential and actual performance. This discrepancy:

a) may be evidenced in the areas of understanding or using language, spoken or written, which in turn may manifest itself in impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations;

b) is related to basic disorders in the learning processes which may or may not be accompanied by demonstrable nervous system dysfunction;

c) will not be caused by mental retardation, educational or cultural disturbance, or sensory loss.

Any pupil enrolled in a special program for the Learning Disabled should:

a) have an academic achievement at or below the 10th percentile in reading, spelling, and/or arithmetic; or

b) where the achievement test does not provide percentile norms, have achieved a grade score which is less than 2/3 of the grade level expected for his age.

Note: Learning potential can be estimated by use of standardized intelligence tests.

2. Severely Learning Disabled Pupil:

Any pupil enrolled in a special program for the severely learning disalbed should:

a) have met criteria listed in number 1 above;

b) have demonstrated inability to function in a regular classroom program;

c) have an academic achievement at or below the 2nd percentile in reading, spelling, and/or arithmetic; or

d) where the achievement test does not provide percentile norms, have achieved a grade score which is less than ½ of the grade level expected for his age on a reputable test battery with adequate norms.

3. Behaviorally Disabled Pupil:

The behaviorally disabled pupil is one whose primary disability is behavior which, over a period of time, deviates significantly from age-appropriate expectations and significantly interferes with his own development or that of others or both. The pupil should have a documented history of behavioral disability. Such pupils usually exhibit at least one of the following symptoms:

DEFINITIONS

a) severe inability to establish and maintain effective relationships with peers and adults, e.g. repeated conflict, inability to participate in group activities, antisocial behavior, resentfulness, defiance.

b) frequently demonstrates inappropriate behavior or feelings under ordinary conditions, e.g. timid, withdrawn, excessive attention-seeking, emotionally unresponsive;

c) a generally pervasive mood of unhappiness or depression;

d) severe difficulty in facing reality, e.g. excessive use of fantasy;

e) very poor self-concept, e.g. strong feelings of inferiority;

f) severe difficulty in coping with the learning situation in spite of appropriate educational remedial measures, e.g. needs an unusual amount of urging, is inattentive and indifferent;

g) frequently demonstrates a tendency to develop physical symptoms, speech problems, pains, or fears associated with personal or school problems.

Some behaviorally disabled pupils will be able to function in a regular classroom if adequate support services are provided, e.g. itinerant teachers, psychologist, behavior aide, school counselor. (Level 1)

Others may exhibit behavior which is so deviant that they cannot be accommodated in a regular classroom, but could be accommodated in a special class in a regular school in an appropriate program with adequate support services. (Level 2)

Still others, severely disabled or a danger to themselves or others, will require placement in a specialized child care facility or treatment centre. (Level 3)

APPENDIX C

Learning Disabilities And Behavioral Disorders

A Literature Review

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INTRODUCTION

Hewett (1977) has stated that more than fifty percent of school age children labeled exceptional could be included in the categories of educable mentally handicapped, behaviorally disordered and learning disabled. A great deal of controversy surrounds the categorical approach of trying to define the nature of a behavior disorder and the nature of a learning disability. This controversy increases when attempts to differentiate between mild, moderate and severe degrees of learning and/or behavior problems are undertaken - particularly when such differentiation affects program availability and financial support.

Lilly (1979) and Hallahan and Kauffman (1978) have suggested the use of a noncategorical approach to learning and behavior problems in an attempt to escape some of the controversy surrounding defining a learning disability/emotional problem.

While definitions arouse controversy they do serve a somewhat useful purpose. Among the purposes served by definitions are the following:

1. providing a basis for communication;
2. providing a basis to estimate the prevalence of disorders;
3. providing a basis for decision makers relative to service delivery, legislation, and teacher training, and
4. providing a basis for understanding behavior through research (Cullinan et. al., 1983).

Cullinan et. al. (1983) went on to state that definitions can be of at least 3 types:

1. Research - helping to clarify a particular study's external validity or the extent to which findings can be expected to apply beyond the study.
2. Authoritative - helping to structure and/or clarify a controversial possition and reflecting professional training, practical experience and personal philosopy.

3. Administrative - helping to guide the delivery of services to pupils. Such definitions are found in rules, regulations, laws and government pronouncements.

It is because of this third aspect of definitions that such a debate rages about the nature of learning disabilities and emotional disorders. This paper will begin by examining some underlying conceptualizations relative to the emotionally disordered individual.

THE EMOTIONALLY DISTURBED CHILD

Normality-Abnormality

Sahakian (1979) defined psychopathology as a science that deals with the study of behavioral disorders. Such a statement creates the need to define what is a behavior disorder. Yet, to be able to define what constitutes a behavior disorder implies that we are able to define what is ordered or normal behavior. While this is not an easy task, it is necessary to provide a clear conceptualization of what constitutes normalacy and what constitutes abnormality.

The reasons for having a clear conceptualization of what constitutes normal functioning and hence deviancy rest with three areas of professional ethics. One area concerns the expectations placed on mental health professionals and their role in helping to determine who is legally competent and responsible. Another area concerns a professional contribution to the study of abnormality. Since studies of two groups (the normal versus the abnormal) may be undertaken it is well to have a clear definition of what constitutes normality. The third area concerns the use of a consistent definition such that different people will utilize the same prespecified characteristics to delineate categories of abnormality (Ullman and Krasser, 1975).

Attempts to define what is normal have been ongoing for years. Rabkin and Carr (1967) stated that there has been no more vexing problem in the study of psychopathology than delineating a boundary between the concepts

"normal" and "abnormal". Within Canada and to this present day, the issue of what constitutes mental health is still under debate (Randall, 1981). The debate points to another reason for us to clearly conceptualize what is mental health: prevention. Given that we can identify what constitutes adequate or normal mental health, educators and educational psychologists are in a prime position to develop, implement and evaluate programs aimed at the primary preventation of mental disorder. Primary prevention would be seen to include:

1. activities directed to high-risk groups who have not yet been labelled psychiatrically ill; and/or
2. activities directed to groups about which no assumption of risk is entertained (Randall, 1981; Klein and Goldston, 1977).

It is not the intention of this paper to focus on any single definition of mental health, normality, abnormality, behavior disorder or any other similar term. Rather, the intention is to present a brief overview of some of the types of definitions and issues that abound.

Approaches. Scott (1968) as on example, listed ten criteria for a person to be considered mentally healthy. These included:

1. a general adaptation capacity;
2. a capacity for self-gratification;
3. interpersonal competence;
4. a degree of intellectual capacity;
5. emotional and motivational control;
6. "wholesome" attitudes towards people;
7. a level of productivity;
8. a level of autonomous functioning;
9. a mature integration of self;
10. favorable self attitudes;

Are there not individuals who are functioning and contributing within our society who lack some of these characteristics, and yet, would still be called normal?

Earlier Hartman (1939) had examined a number of psychoanalytic concepts of normality and offered that the notions of inner harmony needed to be synthesized with the socially oriented conception of "achieving adaptation" in order for a person to be called normal.

More recently, Jahoda (1958) has suggested a number of criteria for mental health given her social psychological perspective. For example, she saw absence of disease, adjustment to the environment, cohesiveness of personality, correct perceptions of the environment and self, and a degree of active mastery as being criteria for positive mental health.

It is interesting to note that for many definitions one can readily determine the model or theory of psychopathology that is operating. Buss (1966), for example, identified three of the many definitions of normality/abnormality. One was the statistical definition which states that normality consists of whatever tendencies are most frequent in the population. Another definition is the concept of ideal mental health which unfortunately is achieved by very few. This is exemplified by Jahoda's criteria of positive mental health. The third fundamental approach to abnormality concerns the presence of certain abnormal behaviors such as discomfort, bizarreness and inefficiency. Such a definition would be typical of the medical model.

Scott (1958) isolated six ways of operationally defining mental illness. These included:

1. The individual's subjective statement that a problem exists.
2. The use of a test to objectively define the presence of mental illness--this, by the way, is rather circular since the original "in test" definition of what is abnormal is what we are trying to arrive at.
3. The use of psychiatric diagnosis as the criterion for stating mental illness is present.
4. The individual's observed exposure to psychiatric illness.
5. The individual's observed maladjustment could be equated with mental illness.
6. The individual's level of positive striving as per the work of Jahoda (1958) could be equated with mental health.

Scott (1958) also posed some challenging questions in his article. For example, is mental illness a unitary concept or various specific disorders? He concluded there is insufficient evidence to support either position as is the case with a second question concerning the acute or chronic nature of mental illness. A third question he posed was whether mental illness should be defined in terms of deviance from social norms? Again, he stated the answer is not clear.

Strupp and Hadley (1977) have delineated a tripartite model of mental health and therapeutic outcomes in an attempt to resolve the lack of concensus on what constitutes mental health. They suggested that there may be a value in taking into account the "vantage points" of those who judge mental health. Their model examined three such vantage points--society (including significant others in the person's life), the individual and the mental health professional. Each, they claimed, has a different emphasis in their conception of what constitutes mental health. Society views mental health as the maintenance of social relations, standards of sanctioned conduct, behavioral stability/predictability and conformity. The individual views mental health as "being content" and by his subjective perception of self-esteem, acceptance and well-being. The mental health professional views mental health within a theoretical framework which transcends social adaption and includes clinical judgements aided by observations and psychological tests. Thus, each of these dimensions should be considered simultaneously in evaluating a person's mental health. In the final analysis, a value judgement is required. If all three "vantage points" are positively congruent a person would be considered mentally healthy. A problem arises when congruence does not exist. This is not to say the person is clearly mentally ill since such clarity would only arise when all three vantage points concur that a problem exists. It does, however, point to the fact that many individuals function within society and are held to be "normal" by society when they may have quite a poor sense of well being, and/or to possess personality structured deficits as viewed by the mental health professional. Indeed, Strupp and Hadley proposed eight such possible combinations. In other words, a person may be judged both mentally ill and mentally healthy at the same time, depending on who does the judging. Janzen (1978) has suggested all three areas of functioning must be considered by the school psychologist.

Concerns. Having a clear understanding of what constitutes abnormality is, as was noted earlier, important to educators and school psychologists. It is staggering to note that in 1962 Henderson and Batchelor, following a survey of the diagnostic consistency between the American Psychiatric Association and the International Classification of Disease, found that there was only a fourty percent agreement in the 200 cases reviewed. While these results are somewhat dated, and despite the attempts to clarify such diagnostic differences, it may well be found that the situation is no different today.

Rossenhan (1973) for example, demonstrated the difficulty with the diagnostic process when he had a number of individuals booked into a mental institution who were normal. It took the staff from seven to fifty-two days to correctly diagnose the pseudopatients. It is interesting to note that other patients did notice the differences. Rossenhan hypothesized that the differences between normality and abnormality are difficult to recognize. Once a person has been labelled, the perceptions of that person are so colored as to cloud his real functioning level.

Indeed the whole business of labelling is one which should be given careful consideration. In terms of expediting discussions with fellow professionals, labels have a certain value. However, as the Rossenhan study has pointed out, labels can interfer with a clear perception of the individual and hence may interfere with the helping process. Other issues with labelling have been addressed by various authors and include the fact that once labelled as having a mental illness or disorder, society tends to stigmatize the individual who may then be treated with caution, concern or avoidence, despite his being successfully treated (Ullman and Krazner, 1975).

Conclusions regarding normality-abnormality. The question of what constitutes mental illness has yet to be clearly resolved. Strupp and Hadley's (1977) tripartite model and their concept of "vantage points" may be of assistance in coming to terms with the definitional problems of normality. Another aid to a clearer formulation of what constitutes abnormality may be in the theoretical underpinings of each model or school of psychopathology. Hence, a brief overview of the major models of psychopathology will be presented. As an example, an oversimplified psychoanalytic

definition of abnormality would see abnormality as man's inability to face himself, his feelings and motivations that his conscious self repudiates (Alexander and Selesnick, 1968). The medical definition of being normal would include statements to the effect that there are no symptoms of identified abnormalities present. Hence the person is not sick (Ullman and Krazner, 1975). These examples illustrate the tie between how normality/abnormality is viewed based upon the model the viewer operates within. This section of the paper has not attempted to focus on any particular approach or definition as being the best or more appropriate. The intent was to give the reader some of the flavor of the issue--to provoke thought and to serve as a warning bell that before rushing in, the notion of what really constitutes abnormality should be considered. Examination of the models of psychopathology is important for other reasons besides gaining a conceptualization of how each views deviancy. One reason is that it helps the reader conceptualize and organize his own approach to assessment and therapy (Sahakian, 1979). Another reason is that it helps in the understanding of the theoretical framework operating within the various schools of psychological endeavour. This in turn may assist the understanding of the assessment and treatment paradigms used within the model.

Models of Psychopathology

There are four major models of psychopathology. Included are:

1. The Biophysical/Medical model.
2. The Psychodynamic model.
3. The Ontoanalytic/Existential/Phenomenological model.
4. The Behavioral/Learning Theory Model.

Certain underlying assumptions exist in each model. These assumptions affect the way proponents of the model view the etiology and treatment of those labelled mentally ill. For example, advocates of the medical model hold as their underlying assumption that mental illness is a disease (Sahakian, 1970). Causality is therefore often linked to central nervous system defects or deficiencies. As such, treatment under the medical model

frequently utilizes biophysical components assuming an illness is present to be treated in much the same way as a physician treats a cold. Buss (1966), Sabakian (1970) and Kabinowsky and Hork (1961) have detailed some of the more traditional approaches to treatment under the medical model.

The medical model has been criticized by a number of writers. Szasz (1960, 1974) has led this barrage of criticism. He has contended that the concept of mental disease is a myth--"a false verbal analogy founded on the erroneous application of the medical model to psychopathology." He viewed the medical model and its notion of mental illness as obscuring the everyday fact that for most people life is a continuous struggle, not for biological survival, but for human values. Torrey (1973) has also refuted the medical model as did Kety (1959), who cast doubt on many of the biochemical hypotheses. However, as Sahakian (1979) has pointed out, use of biophysical approaches is providing us with vast information on what chemical actions are involved in various psychopathological states. It seems to be the concept of "illness" that arouses so much criticism of the medical model. Sarbin (1967) devoted considerable space to rejecting the concept of mental illness as leading to social discrimination and self-denigration.

It is well to note that some of those who are critical of the biophysical/medical model have their own particular psychopathological model. One example is Szasz and his problems of living model. Such a comment is not intended to infer that criticisms of the medical model are not justified. It is important to note that the biophysical/medical models have a role to play in uncovering the etiology and treatment of psychopathology. One example of such work is in the pharmacological model in which Synder and his associates have demonstrated that neurosis and psychosis are two chemically different types of disorder (Synder, 1974).

Another popular model of psychopathology has been the psychodynamic model advocated by Freud (1959), Jung (1939), Erikson (1959) and Horney (1939). The assumption underlying this model rests with the notion that early childhood anxiety experiences which resulted in defensive maneuvers devised to protect against the recurrence of childhood anxieties in adulthood have been unconscious deterants to normal functioning (Millon, 1967). Such unconscious processes combined with the destructive instinctual drives of man have to be brought into consciousness during therapy (Freud, 1959). Once brought into consciousness, such thoughts can be reworked into a more

constructive method of dealing with life. The reader is referred to Wolberg (1967) and Sullivan (1932) for a detailed outline of the processes involved in unlocking these hidden feelings. The Sullivan article is particularly relevant to the use of psychoanalysis with psychotic individuals.

Criticism of the psychodynamic approach have focused on the superstructure of hypothetical concepts based on clinical observations linked by the tenuous logic of advocates of the model (Millon, 1967). Despite the many concerns expressed by contradictors such as Skinner (1954) and Strupp (1958), the psychodynamic approach has had a tremendous impact on practically every form of human behavior. It has led to a form of treatment and a way of looking at people that has led others to refine and extend its goal of understanding the individual (Ullman and Krasner, 1975).

Within the phenomenological model the singularly human characteristics of man's personality are emphasized such that man is more than a human being, he is a human becoming (Sahakian, 1979). Rogers (1967) one of the major exponents of "self theory",has detailed the process of growth an individual goes through in maturing. Briefly, every individual is the centre of his changing universe. Experiences should be viewed in terms of their relevance to the individual. As the individual matures, a self concept is established through the differentiation of that individual's experiences. Once the self concept is established it exerts a tremendous influence over the individual's perceptions of reality. For Roger's, psychopathology resulted when the individual abandoned his inherent feelings and adopted the values that are imposed on him by others. Other proponents of the phenomenological model such as Maslow (1956) take different views. It appears that the phenomenological approach views society as a mechanistic impersonal atmosphere that leaves man with feelings of isolation and alienation from the "true" self. Without a grasp of self, man cannot grasp the inner world of others and is thus a social isolate who may succumb to "nothingness" and "disorder" (Laing, 1967). As such the goal of therapy is to free the person to develop a constructive and confident image of his self worth. Unlike the medical and psychodynamic models causality and removal of symptoms are not important.

A number of criticisms have been levelled against the phenomenological approach. For example, Millon (1967) stated that the phenomenological theory is not a theory at all. Rather it is a discursive, little concerned

with problems of integration, continuity and structure. He concluded that it lacks a tautness in systematic argument. Smith (1950) and Holt (1962) while less critical, questioned the naive notion that man would be a rational constructive being if it were not for the malevolent distortions of society. In a similar vein, they questioned the idea that exhorting man to live life to its fullest will result in a socially beneficial consequence.

The fourth and more recent model of psychopathology avoids the hypothetical constructs that abound in the phenomenological and psychodynamic theories. In addition, the behaviorist unlike followers of the medical model are not interested in the "illness" notion. Only that which is observable in the behavior of the individual is subject to study (Millon, 1967).

Behavioral theorists have stated that pathological behavior is learned behavior and develops in the same way and according to the same laws as those governing normal behavior. Disturbed behavior, they submit, differs from normal behavior only in magnitude, frequency and social adaptiveness (Ullman and Krasner, 1975). Skinner (1956) was among the first to restrict the conception of pathology, to objective behavioral processes. In a similar vein, Ullman and Krazner (1967) discarded references to hypothetical inner states and offered a formulation based on stimulation and reinforcement.

Treatment within the behavioral/learning model consists of the direct application of learning principles to the behavior pathology. Eysenck (1959) stated that a program of conditioning and extinction is arranged such that the behavioral patterns to be altered are specified, the environmental elements that have been reinforcing the maladaptive behavior are eliminated, and a new adaptive behavior along with contingent reinforcements are instituted. Such programs are based on experimental research findings. Many techniques are available to inhibit maladaptive behavior or to elicit and shape adaptive behavior. Reviews of research on such processes are found in Graziano (1975), Hamerlynck (1979), Krasner and Ullman (1967), Willis and Giles (1976) and Bandura (1969).

A serious critique of the behaviorists approach was offered by Braeger and McGaugh in 1965. They questioned the efficacy of transferring experimental laboratory principles to real life psychopathological behaviors.

This somewhat dated question is still being posed. However, recent research has tended to support the belief that behavioral principles do work both in the laboratory and in applied settings (Hersen, Eisler and Miller, 1978; Papovich, 1981; Deitz, Repps and Deitz, 1979; and Snell and Smith, 1978). Another issue related to use of behavioral principles has been the ethical and humanistic questions posed. However, Wolfensberger (1972) exemplified the current status of thought in this regard. Briefly, he stated that behaviorists have as their goal the bringing of the individual into a normal operating behavior as quickly as possible, and to effect such a change with the minimum use of non-normalized techniques. The reader is referred to Roos (1969) for further insights into this issue.

Conclusion. It is hoped that this brief overview will help focus for the reader an historical and current perspective on the framework into which the emotionally disturbed individual is placed relative to various treatment paradigms. While not directly tied to the educational setting, these perspectives form a theoretical base for many professionals who will encounter the emotionally disturbed pupil. The following sections will more directly address the educational setting as related to the emotionally disturbed pupil.

Defining the Emotionally Disturbed Individual

Epstein et. al. (1977) examined state regulations regarding the definition of behavior disorders. They found that there was little agreement among state definitions as to what constituted a behavior disorder, that nearly all used terminology that was general, vague and lacked an operational component; and, that the medical and psychiatric viewpoints were no longer relevant to educating students with behavior disorders.

Examples of some administrative definitions include the following United States Federal Administration Definition of a seriously emotionally disturbed person.

The term "Seriously emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

a) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
b) An inability to build or maintain satisfactory relationships with peers and teachers;
c) Inappropriate types of behavior or feelings under normal circumstances;
d) A general pervasive mood of unhappiness or depression; or
e) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed (Federal Registry, 1981).

The Ontario Ministry of Education (1971) utilizes the same administrative definition. For them emotionally and/or socially maladjusted refers to students who demonstrate one or more of the following characteristics:

a) an inability to learn that cannot be explained by intellectual, sensory, or health factors;
b) an inability to maintain satisfactory interpersonal relationships;
c) inappropriate behavior or feelings under normal conditions;
d) a general, pervasive mood of unhappiness or depression;
e) a tendency to develop physical symptoms, speech problems, pains, or fears associated with personal or school problems.

The Ontario Ministry of Education (1971) definition includes the emotionally disturbed child as one who displays anxiety, neuroticism or psychotic behavior; while the socially maladjusted child displays truant, delinquent, or other socially unacceptable behavior (p. 23).

An example of a research definition is provided by Heaton et. al. (1976). They stated:

> The behaviorally disordered pupils taking part in a special educational program "were selected by the assistant principals in three junior high schools (and included) incoming

> eighth-graders who had received two or more suspensions from junior high school for reasons other than smoking (and) students who had been suspended only once but had seen the assistant principal for misconduct at least four times during their junior high careers" (pp. 265 -266).

Any number of examples of authoritative definitions are possible. For example, Kauffman (1977) a proponent of a behavioral approach to treatment for behaviorally disturbed pupils offered that such a child is one who:

> "... chronically and markedly responds to their environment in socially unacceptable and/or personally unsatisfying ways but who can be taught more socially acceptable and personally gratifying behavior" (p. 23).

Morse (1975) who advocates a psychoeducational approach would define a disturbed pupil as one who is -

> "... persistently unable to cope with reasonable school environments .... His behavior may ... (1) violate the rights and educational growth of his peers, ... (2) manifest social withdrawal, and/or (3) require an inordinate amount and depth of teacher involvement for control and emotional support" (p. 556).

Lippman (1962) who uses a psychodynamic model for treatment has defined an emotionally disturbed child as one who:

> "A child suffers emotional conflict whenever anything interferes with the satisfaction of his instinctual drives and his frustration produces a state of tension" (p. 3).

Cullinan et al. (3) stated that while no universally accepted definition of emotional disturbance is available, each definition offers an increased understanding of behavior disorders. Despite the lack of a universally accepted definition, Cullinan et al. went on to state that there are <u>two broad areas of consensus</u>. <u>One</u> is that children with behavior disorders deviate from standards or expectations for behavior. The <u>second</u> consensus is that such children impair the functioning of themselves and/or others.

As Cullinan et al. (1983) have noted children with behavior problems are in some ways similiar to those who do not have behavior problems. Nevertheless, differences are apparent. These differences have been summarized by Cullinan et al. (1983) and include agressiveness, hyperactivity, withdrawal and immature patterns of behavior. They also summarized studies of teacher referrals to find that more pressing issues were:

- disobedience
- aggressiveness
- overactivity
- lack of interest
- preoccupation
- withdrawal
- sluggishness
- fearfulness
- depression

It is important to note that all youth display some of these symptoms at some time. Those children who possess real behavior disorders display some of these characteristics more often and more extremely. As such, it becomes important to distinguish the nature and extent of presenting symptoms in order to be able to classify what can be considered normal or abnormal.

Incidence

Depending on how one perceives a definition of normalacy, who is doing the perceiving and the model under which it is perceived will affect figures dramatically. For example from a teachers perspective, Cullinan et al. (1983) have found emotional disturbance to be reported in from 1% of the school-age population to as high as 40 percent.

The Ontario Ministry of Education (1971) reported 4% of school children have some behavioral disorder. Using a system of socially maladjusted versus emotionally disturbed, they found 3% to be socially maladjusted and 1% to be emotionally disturbed. Le Ministere de l'Education du Quebec

(1972) were more conservative and estimated that about 2.25% were suffering from behavior problems. Dow and O'Reilly (1981) stated that it was reasonable to assume that about 4 to 5% of children have some type of behavioral problems recognizable in the school setting. However, they went on to state that only 2% are unable to function without modidifications to the regular program.

Various estimates are available within the United States that purport a range of from 2% to 5%. However, Wood and Zabel (1978) have noted that many states utilized U.S. Office of Education publications to support their estimates. Wood and Zabel noted that the U.S. Office of Education published estimates were based on a survey of school principles who were asked to estimate what percentage of pupils showed behavior disorders without clarity in defining a behavior disorder. Hence, these estimates are questionable.

Numerous school surveys have been undertaken with widely discrepant results dependent on definition, methodology and population surveyed. For example, Rubin and Balow (1978) found about 8% of pupils at the elementary level to be behaviorally disordered. Cullinan et al. (1983) concluded that the following rule of thumb might be useful for determining the prevalence of behavior disordered pupils.

1. In any school year, approximately one-third of all pupils exhibit behavior problems that concern their teachers.
2. About one-third of this group (roughly 10 percent of pupils) show a greater degree of problems, to the extent that changes from the usual educational procedures are required.
3. In about one-third of this group (roughly 4 percent of pupils), behavior disorders are serious enough to justify referral to special education and/or other intervention services. Included within this 4 percent figure are the tiny proportion (less than 1 in 1000; Werry, cited in Cullinan et al., 1983) of severely to profoundly behaviorally disordered youngsters.

They also concluded that the traditional prevalence figure for seriously emotionally disturbed pupils as defined by the Federal Register (1981) is 2%. While this figure may be lower than most prevalence estimates, it is

the figure special educators in the United States have to reason with to determine funo.-

Summary. By way of summary Dow and O'Reilly (1981) have stated that behavioral exceptionalities are generally comprised of two groups: the emotionally disturbed and the socially maladjusted. Emotionally disturbed typically is used to describe that group of behavioral disorders which are internal to the child and arise from disturbances in the dynamics of the child's personality and affecting the child's own growth and development. Examples of such behaviors run the continuum from mild to severe and include feelings of inferiority, self-consciousness, anxiety, personality disturbances, neuroses, psychosis and acute depression. Inappropriate behaviors within the social context are typically held to be classed as social maladjustment. That is, demands of the environment are responded to inappropriately.

Identification and Assessment of Behavior Disorders

Typically deviance is noticed by others when the person is functioning in a natural situation. This can be quite useful in the measurement of a child's actual functioning through the use of target-behavior recording. Briefly, the teacher/observer operationally defines the behavior of most concern and proceeds with the help of another observer to record incidents of that behavior. Examples of recording procedures include frequency tallies of each occurrence of the target behavior for subsequent graphing. Kazdin (1980) has provided a description of one such approach.

Cullinan et al. (1981) provided another example of a naturalistic recording procedure, that of behavior-products recording which is most useful in assessing academic handicaps. Minitest probes of task - analyzed specific academic workskills are featured in this procedure.

Another more frequent method used to assess social/personal functioning is simply to ask others. Cullinan et al. (1983) stated this was possible through structured or unstructured interviews as well as through the use of various behavior - rating scales, self-completed personality tests, projective personality assessments and sociometric devices. Remembering

Strupp and Hadley's (1977) comments on "who does the viewing of abnormality" impacts on this type of approach. However, it should be noted that Cullinan et al. (1983) were also suggesting the use of a number of viewers/raters.

It is not the intent of this paper to address each of these in any detail nor to specify the many forms of such devices currently available. It is important to note that while some of these such as the interview, the sociometric devices, behavior - rating scales and self-completed personality tests could be conducted or completed by classroom teachers, caution should be exercised in interpreting the results. Indeed, teachers should receive in-service training and have a professionally trained person to consult with. Examples of the behavior - rating scale include the Behavior Rating Profile (Brown and Hammill, 1978) and the Behavior Problem Checklist (Quay and Peterson, 1975). Examples of self-completed personality tests include the Rotter Internal-External Locus of Control (Rotter, 1966). More comprehensive lists and services of such tests are contained in Buros (1972), Salvia and Ysseldybe (1981) and Sattler (1982).

Whichever mode or types of assessment are utilized, the evaluation process for a behavioral concern should consist of a family history; a developmental history; a psycho-educational assessment including intelligence, aptitude, readiness (if appropriate), achievement and personality; a psychiatric examination; and, a neurological assessment (Freedman et al., 1972). Cullinan et al. (1983) provided a summary of areas and procedures to be dealt with in a typical diagnostic workup. Unfortunately, they did not address the competencies required of assessors. However, it is crucial to note the impact of the assessor on the person being assessed. Korchin (1976) provides an overview on the role of the assessor.

Needs of Behaviorally Disordered Pupils and Alternative Models of Service Provision

Psychoeducational Model. Various intervention philosophies are available as alternatives to serving the needs of the behaviorally disordered student. Among these alternatives are those described as psychoeducational. According to Rick, Beck and Coleman (1982) the psychoeducational

model covers a variety of procedures that incorporate fundamental psychodynamic concepts into educational practice to build proper child - adult relationships that are conducive to the development of corrective emotional development. These procedures are utilized in the context of social and academic skill development. Long et al. (1980) Cullinan et al. (1983) and Long and Newman (1976) provide more complete reviews of this model.

For the purposes of this paper the psychoeducational model incorporates the following (adapted from Cullinan et al. 1983).

1. Teaching Techniques
   - managing surface behavior
   - punishment
   - life space interview (see Long, 1963; Morse, 1963, and Fagen, 1981 for detail on this procedure)
2. Psychoeducational Curricula
   - self-control curriculum (teaches self control and develops positive feelings towards self and world; see Fagen et al., 1975)
   - developmental therapy curriculum (based on view that behavior disorders are deviations in normal child development; a sequence of stages model; see Wood, 1975; Wood et al., 1982)
   - other examples include Developing Understanding of Self and Others (Dinkmeyer, 1970, 1973); Toward Affective Development (Dupont et al., 1974); Magic Circle Technique (Bessell and Palomares, 1977); Developing Values with Exceptional Children (Simon and O'Bourbe, 1977). The reader is referred to Swanson and Reinert (1979) and to Shea (1978) for more exhaustive reviews of these emotional development materials.

Illustrative programs. Within the psychoeducational model a number of derivative programs have been cited in the literature (Cullinan et al., 1983). Examples include the Hillcrest Children's Centre in Washington D.C. This is a hospital affiliated residential and day school treatment facility for behaviorally disordered pre-school and elementary-age pupils. It combines a service for children and training for specialists format. Another example is the Crisis/Helping Teacher Model developed by Morse

(1976). This model involves keeping the child in school, indeed in their own class. It allows for periods of temporary absence to what might be termed a resource room. The crisis/helping teacher serves as a consultant to the classroom teacher, an instructor, diagnostician, counselor, advocate, parent caseworker and liaison person and is ecclectic in approach.

A final example under the psychoeducational model is the Rultand Center in Athens, Georgia (Wood, 1975 and Cullinan et al., 1983). This centre focuses on behaviorally disordered children to age 14 and their families. Wood's Developmental-Therapy Model, family services, attendance at Rutland for 4 half days per week and consultation to the referring school for the balance of the week is provided.

Applied Behavior Analysis. Another model frequently used with behaviorally disordered pupils is that of applied behavior analysis and behavior modification. Kazdin (1978), Stokes and Baer (1977), Baer et al. (1968) and Cullinan et al. (1983) provide excellent overviews of these models. Briefly, behavioral intervention follows operant conditioning principles to increase desired behaviors or decrease undesired behaviors. Techniques vary but frequently include use of tokens; differential reinforcement with adult social attention; preferred activity reinforcement; extinction; time-out; response cost; overcorrection; punishment; differential reinforcement of low rates, incompatible behavior and other behavior. The reader is referred to Martin and Pear (1983) for a comprehensive review of these procedures. In addition numerous studies regarding the effectiveness of these procedures exist. It is also important to note that recently group behavior-modification procedures have been developed. The reader is referred to Cullinan et al. (1983) and to Litcm and Pumray (1975) for a review of these procedures.

Illustrative examples. Various techniques, packaged programs, models and centres have evolved utilizing the behavioral model. Examples include behavioral contracting (see DeRisi and Buts, 1974); token economies (see Kazdin, 1977); modeling (Bardura, 1976); self instructional management (Meichenbaum, 1977); and, the engineered classroom (Hewett, 1968).

The Centre at Oregon for Research in Behavioral Education of the Handicapped (CORBEH) has developed and evaluated a number of packaged programs utilizing an applied behavior analysis approach. Included are the following (adopted from Cullinan et al., 1983).

1. Contingencies for Learning Academic and Social Skills (CLASS) - designed for use by regular classroom teachers to control aggresive and disruptive pupils.
2. Program for Academic Survival Skills (PASS) - designed to improve educational readiness skills.
3. Procedures for Establishing Effective Relationship Skills (PEERS) - designed to encourage withdrawn pupils to interact with classmates.
4. Reprogramming Environmental Contengencies for Effective Social Skills (RECESS) - designed to correct aggresive school and playground behavior.

Ecological Model. Another model that is currently evolving is the ecological model (Rhodes, 1967; Rhodes, 1970a; Rhodes, 1970b; Rhodes and Gibbins, 1972; Rhodes and Head, 1974 and Cullinan et al., 1983). Briefly this model drawing on the theories of psychologists, sociologists and anthropologists,holds that a child's behavioral disturbance is a product of the entire ecosystem being disturbed. As such, various environments of which the child is a part have to be altered. This is held to be possible in two ways. One way is to directly change the child's behavior. The second way is to change the social and cultural environment itself. In other words, the classroom-home environment are altered. Various ecological assessment procedures are proposed and are reviewed in Cullinan et al. (1983).

The techniques utilized in the interaction phase were developed by special educators, are eclectic and were not necessarily developed by the proponents of the ecological model (Swap, 1974). These techniques identified by Rhodes (1967, 1970a, 1970b) and Cullinan et al., (1983) include:

- enlarging the curriculum

- community educator goal (teacher must be aware of and utilize various human service formats such as the private clinic, mental health groups, family service groups and vocational training groups
- child advocacy
- teacher as consultant particularly with other teachers, administrators and especially with parents

Illustrative examples. Project Re-Ed (Hobbs, 1966, 1974 and 1978) and the Primary Mental Health Project (Cowen, 1980) are examples of ecological programs. Project Re-Ed is based on the notion that a behavior disorder is a property of one or more ecosystems such as the family and the school. It offers a 24 hour residential program to children. An interdisciplinary team of teacher-counselors, social workers and liaison teachers work closely with the child and the parent utilizing personal development, social interaction and academic materials. Montgomery and Van Fleet (1978) indicated a favorable preliminary evaluation of the system.

The Primary Mental Health Project (PMHP) has evolved over 25 years and is utilized in a large number of school districts. Focus is on primary children at high risk for developing behavior and/or learning disorders who are referred by their teachers. Child aids recruited and trained by psychologists and educators work directly with the children on educative, personal, social and family matters. Consultation is also provided to the teacher.

The adolescent - a special focus. While fewer texts are written on adolescent development, a significant number address the issue of the uniqueness of that particular stage of development (Piaget, 1970; Ausubel et al., 1977; and, Mussen et al., 1969). Cullinan et al. (1983) identified antisocial behavior, sexually related behavior problems, nonattendance and drug/substance abuse as areas requiring different emphasis in terms of adolescent development. Examples cited by the Children's Defense Fund (1974) for the period 1970 to 1973, while somewhat dated provide an indication of the magnitude of the problems and include:

- assaults on teachers up 77%

- homicides up 18%
- assaults on students up 85%

In addition to these issues Brofenbrenner (1974) has noted a tripling of the annual suicide rate for 15 to 19 year old persons between 1950 and 1975.

Given these increasing problems a special intervention focus for the adolescent seems appropriate. Some appraches include use of vocational programs. While Knoblock (1979) has cautioned that vocational programs can be one means of excluding troubled adolescents from the mainstream, Brolin and Brolin (1979) have stated that such programs are necessary as one of the optional programs along a continuum of options. Brolin and Brolin (1979) adapt existing models used with mentally retarded adolescents to suggest a vocational process for the behaviorally disturbed adolescent. This should be taken a step further and include a career education component that addresses the various careers a person occupies along a continuum from student to pensioner with complementary familial and civic roles (Super, 1976).

Challenges to these and other traditional modes have been offered by groups such as those representing alternative school programs. While not designed for behaviorally disordered pupils an alternative school program has some applicability through features such as student participation in a democratic school, combining cognitive and affective education through creative problem-solving exercises, nonverbal activities and out-of-school experiences (Knoblock, 1979).

Other intervention techniques available for in school adolescent intervention includes use of Glasser's Reality Therapy (Glasser, 1969), and Newman's (1967) model of interdisciplinary psychoeducational consultation model.

Various schools have also been noted in the literature. One of the better known is the Mark Twain School in Maryland. Serving the 10 to 18 year group, the school focuses on success in academics, personal development and inter-relationships with peers and adults. Extensive use is made of behavioral contracting and performance consequences (Fagen, 1979).

Another relatively successful program has been the Teaching - Family Model of Intervention which originated from the work of psychologists at

the University of Kansas. Group homes serving 6 to 10 adolescents utilizing a continuum of supervision that ranges from the highly structured to self government highlight the model. Also involved are the teaching of generalization skills appropriate to school and natural family placements (Phillips et al., 1979).

Prevention. While the focus of this paper has been on existing behavioral problems, the reader should not ignore the necessity of addressing prevention of behavorial disorders. Adelson and Lurie (1972) have described various forms of education possible to develop more possitive mental health. Some of these have been addressed under the psychoeducational model and include Magic Circle and DUSO. The reader is referred to that section and to Adelson and Lurie (1972) for further detail.

LEARNING DISABILITIES

Definitional Issues

The January 1983 edition of the Journal of Learning Disabilities featured a series of articles dealing with a definition of learning disabled. The articles presented the widely diverse views currently held by many leading educators. For example, Yesseldyle and Algozzine (1983) argued that a new philosophy of special education was required. In addition, new perspectives on assessment and intervention were also required. They argued that no defensible system for making service delivery decisions about students failing in the school was possible. Several studies were cited to support these notions (Ysseldyke et al., 1980a; Epps et al., 1981; Ysseldyke et al., 1980b; Algozzine et al., 1981; and, Ysseldyke et al., 1982). Put very briefly, Ysseldyke and Algozzine (1983) stated that significant numbers of students are failing to profit from the educational experiences and that "fishing" for "the" learning disabled definition has proven unproductive. Unfortunately, they provided few alternatives.

Tucker et al., 1983 reported on a 1975 and a 1981 survey of 91 United States professionals who were considered to be at the forefront of research

and programming in learning disabilities. The survey was sent also to 250 learning disabilities experts from various states. The survey covered items dealing with respondents' opionions concerning the existence, prevalence and identification of learning disabilities.

The results showed 86% of the 1975 sample indicated that learning disabilities was a viable classification. In 1981, 82.6% agreed that learning disabilities was a vaiable classification. Despite its acceptance many respondents commented on its limitations. Limitations include its breadth, lack of specificity and lack of an operational component.

Despite the many arguments as to what constitutes a learning disability, 78% of the 1975 sample gave positive responses to the question of whether or not learning disabilities was clinically identifiable. Six percent did not answer while 16% disagreed. Eighty eight percent of the 1981 sample answered yes to the same question. It is interesting to note that a number of respondents qualified their yes or no answer by referring to the limitations of assessment devices and the training and expertise of the clinician. In addition, it appears that some respondents approached this question using their own orientation. If this were the case in a significant number of respondents, little has been accomplished in moving towards a concensus as to how to clinically define learning disabilities.

A much more positive note was sounded by Mykelbust (1983). He stated learning disabilities could be defined and that in the future a science of learning disabilities would be forthcoming. Mykelbust refered to the arguements that exist over other definitions such as what constitutes schizophrenia, mental retardation and deafness. Despite these arguements, authorities do not conclude these types do not exist. He went on to offer that a primary finding during the last decade has been that deficits in the learning disabled population are of two types: verbal and nonverbal. Mykelbust argued for the discrepancy model stating that if the potential to learn falls above average but the child is not learning, then a disability may exist.

Historical roots. Lerner (1981), Hallahan and Kauffman (1976) and Kirk and Kirk (1983) have traced the historical roots of the definition of learning disabilities. Developments appeared to begin with the work of Goldstein (1939) and followed by a series of investigations with purported-

ly brain injured mentally retarded children by Strauss and Werner (1942). Hallahan and Kauffman (1976) have noted that these developments were primarily in the visual perceptual and visual-motor realm. As such they have attributed the heavy perceptual and perceptual-motor flavor of the learning disabilities field to these beginnings.

Wiederholt (1974) has traced the historical development of learning disabilities that emphasizes the expressive language disabilities of children. He noted the work of Broca as early as 1861 as a pioneer in this area. Indeed, Hallahan and Kauffman (1976) have suggested that the work of Mykelbust and Kirk has been influenced by Broca and others such as Jackson (1915) and Head (1926). They credited Orton (1937) with the impetus for concern with written language disorders.

It appears that the first reference to the term learning disability was by Kirk (1962). This was followed by adoption of the term by the Association for Children with Learning Disabilities (ACLD) in their founding meeting in 1963. The term learning disability was supposed to replace brain injured and perceptually handicapped. Numerous Task Forces attempted to redefine and refine the term. Generally the 1969 definition presented to the National Advisory Committee on Handicapped Children has formed the basis of the United States Learning Disabilities Act (1969) and United State Public Law 194 - 142 (1975) (Kirk and Kirk, 1983; Lerner, 1981; and, Hallahan and Kauffman, 1976). The definition is as follows:

> The term children with specific learning disabilities means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage (Federal Registar, 1977).

A number of conferences such as a 1975 Conference by the Division for Children with Learning Disabilities have attempted to resolve without success the many arguements over defining the learning disabled. An outgrowth of that conference was a proposed new definition of learning disabilities based on the work of W.D. Kirk and cited in Kirk and Kirk (1983). That definition defined a specific learning disability as:

> ...a serious impediment to cognitive functioning which (a) is manifested in such wide descrepancies among developmental and/or school achievement areas that special, remedial, and/or compensatory teaching is required, and (b) exists independently of, or in addition to mental retardation, sensory deficits, emotional disturbance, or lack of opportunity to learn.

In 1978, Chapman, Boersma and Janzen, stated that a chaos of differing definitions existed. The same appears to be true in 1983. For example, representatives of six professional associations including the Association for Children with Learning Disabilities (ACLD), the Orton Dyslexia Society and the International Reading Association met in 1981. These groups were a part of the National Joint Committee for Learning Disabilities (NJCLD) struck to redefine learning disabilities. Hammill et al. (1981) noted five reasons for needing a new definition:

1. Learning Disabilities (LD) can occur in all ages not just children;
2. Use of the term "basic psychological processes" has generated much debate and was used to move away from the early emphasis on neurological emphasis. Two distinct groups evolved as a result of this debate - one which advocated direct instruction of reading, writing and other skill areas; the other advocated psychocognitive training of abilities underlying reading, writing and talking such as memory, perception and sequencing.
3. Spelling is no longer included in the final Federal funding regulation since it is held to be included under the remaining seven areas and typically subsumed under written expression. Yet it remains in the 1977 definition.

4. Labels such as dyslexia and minimal brain dysfunction were included to clarify the definition but are so ill-defined themselves as to enhance confusion.
5. The exclusion clause leads to the misconception that learning disabilities can occur neither in conjunction with other handicapping conditions nor in the presence of environmental, cultural or economic disadvantage. Yet, such is the case as in the example of a blind child with a spoken language impairment resulting from a brain tumor who happens to be from Hispanic origins living in a slum area.

After a years diliberations, the following definition emerged. While admitting the new definition to be imperfect the NJCLD felt the intent of the new definition better met the pragmatic conditions surrounding its use. The following is the definition.

> Learning Disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to central nervous dysfunction. Even though a learning disability may occur concommitantly with other handicapping conditions (e.g. sensory impairment, mental retardation, social and emotional disturbancies) or environmental influences (e.g. cultural differences, insufficient/inappropriate instruction, psychogenic factors) it is not the direct result of those conditions or influences (Hamill et al., 1981).

The present situation. As of April 1983 the above definition had not been accepted by the Association for Children and Adults with Learning Disabilities but has been accepted by the Orton Dyslexia Society, the International Reading Association and the Council for Learning Disabilities (Brown, 1983).

McLeod (1983) wrote that the NJCLD definition was clearly the product of a committee that tried to appease every group and offend none. He chose to support the views of Mann et al. (1983) who envisaged the use of learning disability as a generic, non-stigmatising term for all mentally

handicapped students but preferred the term underachievement to learning disability. The issue for McLeod (1983) was to define clearly, defensibly and in an educational context those pupils who are in need of specialized help; having identified them, to provide diagnosis and treatment according to individual circumstances.

Kirk and Elkins (1975) and Keough et al. (1982) have documented the heterogeneity of the learning disabled population. Keough (1983) argued that rather than accept such findings as indications that there should not be a classification known as learing disabilities we should strive to make appropriate use of the classification. Classification provides a working structure essential to the delivery of services and to the advancement of knowledge. Lilly (1979) would argue a definition and classification reflecting the reality of the school is more appropriate and suggested the following definition of a child with learning and behavior problems:

1. Regular classroom performance in terms of academic and/or social behavior is perceived to be inadequate by a teacher, parent or the child himself.
2. A team of professional educators and the child's parents determine that special educational services are necessary to provide the child with appropriate educational services.

Such a non-categorical approach has been contested by Phipps (1982).

Despite some limitations Keough (1983) supported Mann et al. (1983) in using the term learning disabilities to cover all mildly handicapped pupils. She suggested the California model of services for learning handicapped as a good example of such a service directing classification.

McLoughlin and Netich (1983) took care to point out, that while learning disabilities may be a hetergeneous group of learning problems; the nature of the disability is internal, a learning disability is never caused by other handicapping conditions such as mental retardation or behavioral disorders and a learning disability is a handicapping condition.

Cruichshank (1983) argued that the problem with defining a learning disability is the term learning disabilities itself - the term does not reflect the nature of the problem and is too vague. His viewpoint is that learning is both neurological and a form of conditioning. Using what he

termed psychoeducational realities Cruichshank argued that learning disabilities are problems in the acquisition of developmental skills, academic achievement, social skills and related emotional development which are the result of perceptual processes.

Within this debate over a definition of what is meant by a learning disability comes a more difficult issue to resolve. What constitutes a severe learning disability. Indeed, Poplin (1981) has offered that in the early 70's, programming for the learning disabled probably focused more on this group than on the mildly handicapped. However, with increasing services the mildly handicapped began receiving more and more attention until the situation became such that the severely learning disabled for whom the service was intended were not receiving the appropriate educational treatment. Indeed, some such as Ysseldyke and Algozzine (1979), Idol-Maestas, Lloyd and Lilly (1981) would appear to equate all learning disabilities with mild disorders. Poplin (1981) suggested the NJCLD definition (Hammill et al., 1981) has merit is helping resolve this descripancy.

The adolescent. There is some support for the notion that a single definition of learning disabilities may not apply to both elementary and secondary students (Deshler, 1978). This has been postulated because of the anecdotal evidence suggesting learning disabilities are qualitatively different in the adolescent (Siegel, 1974; Mercer et al., 1976). Wiederholt (1978) has specified three assumptions which he considers significant for assessing and instructing older learning disabled students. These three assumptions are that the role of meaning in written language should be emphasized, curricula should be related to the skills and knowledge needed for functional competency as an adult in society, and, the needs of learning disabled adolescents should be assessed across several natural environments.

Prevalence

Accurate prevalence levels are not readily available in many areas of special education. One of the reasons for this is often the lack of a common definition. Because of the inordinate amount of confusion over defin-

ing the learning disabled, it is not uncommon to see estimates range from as low as 1 percent to as high as 30 percent of all school age children (Hallahan and Kauffman, 1976).

One of the more extensive studies was caried out by Myklebust and Boshes (1969). They administered a number of psychoeducational tests to third and fourth grade pupils in four school systems. Through use of a devised learning quotient (L.Q) (test age score divided by chronological age) of 90 as a cut-off, they found 15 percent functioning as underachievers. When the L.Q. was dropped to 85, the percentage labelled as learning disabled dropped to seven per cent.

The National Advisory Committee on Handicapped Children (1968) recommended that 1 to 3 percent of the school population be considered a good estimate based on existing data. A 1979 United States Office of Education Report (cited in Lerner, 1981) reported on the number of handicapped children served in schools following completion of the first year of implementation of PL94-142. Their figures indicated that 1.89 percent of school age children were being served as learning disabled. Furthermore, the Raport indicated prevalence was expected to be 3 percent leaving 1.11 percent unserved.

Mann, Goodman and Wiederholt (1978) stated they knew of no studies undertaken at the secondary level. As such prevalence figures are not available. They recommended that Kirk's (1982) best guess of approximately 3 percent of school enrollment be used and that in no case would more than 7 percent be expected.

Screening, Identification and Assessment

While there is some debate as to what constitutes assessment particularly as it pertains to learning disabilities (see Salvia and Ysseldyke, 1978, and Lerner, 1981), Kirk (1962) detailed five stages in the assessment/diagnostic process. These five stages include:

1. Determining whether the problem is specific, general or spurious;
2. Analyzing the behavior manifestations which are descriptive of the specific problem;

3. Discovering the physical, environmental and psychological correlates of the disabilities;
4. Evolving a diagnostic hypothesis on the basis of the behavior manifestations and the correlates;
5. Organizing a systematic remedial program based on the diagnostic inference.

It should go without statement that personnel undertaking such a diagnostic procedure should be appropriately trained and have been exposed to practical applications of the procedures.

In addition to the preceeding general comments regarding assessment some studies have indicated that diagnosis of a learning disability often falls into one of six major categories. The purpose of these categories is to address:

1. Exclusion clause
2. Discrepancy clause
3. Process clause
4. Neurological clause
5. Intelligence clause
6. Behavioral clause (Kovale and Nye, 1981)

Some key questions have been possed by some authors such as Coles (1978), Arter and Jenkins (1979) and Compton (1980) regarding tests in general and those related to the Learning Disabilities Test Battery described by Coles (1978). These questions include the following:

1. Does the test answer the educational questions being asked?
2. Is the test valid?
3. Is the test reliable?
4. Can the processes being identified be trained?
5. Can training these processes improve academic performance?

While the present review will not present a detailed analysis of these issues a selection of key assessment concerns will be presented in an overview format so as to alert the reader to some needed cautions. More

detailed reviews of various testing techniques, materials and types of training required are available in Sattler (1982), Salvia and Ysseldyke (1981), Shephard (1980), and Coles (1978).

Reliability or the ability of a test to yield the same score on repeated administration is a major consideration in evaluating the psychometric characteristics of a test or scale (Salvia and Ysseldyke, 1981). Arter and Jenkins (1979) concluded that the reliabilities associated with many of the popular tests used to assess areas such as psycholingustic, perceptual motor, visual motor and visual perception are too low to justify confidence.

Validity refers to the extent to which a test measures what it purports to measure. Various types of validity exist and include the following: content, criterion related and construct (Salvia and Ysseldyke, 1981). It is crucial to the understanding of assessment of learning disabilities to note that reviews by Shephard (1980), Acter and Jenkins (1979), Sattler (1982), Compton (1980), Newcomer and Hammill (1975), Coles (1978) and Haring and Bateman (1977) cast serious doubt on the various types of validity of many sub-tests of certain instruments, indeed, of the instruments themselves that are currently in use to diagnose learning disabilities. Furthermore as noted by Feuerstein (1979), most current tests do not really tap the potential of the child to learn or the types of instruction necessary to help the child learn.

This cursory overview is not intended to lead to a movement away from diagnosis; but, to focus the reader on the important point that some tests currently used to diagnose learning disabilities do not measure what they purport to, nor do some measure what they purport to consistently. As such, a careful study of the reasons for testing and the appropriate tests to be used is suggested. Indeed, a number of articles have cast doubt on whether or not some of the supposidly underlying processes as measured by selected tests can indeed be trained and alter a student's academic performance. For example, after reviewing over 100 studies covering psycholinguistic, auditory and visual training programs Acter and Jenkins (1979) concluded there was little evidence to support the trainability of underlying psychological processes.

Nevertheless, alternative procedures are available which purport to assess the learning potential of the student. These include Budoff's

Learning Potential Procedure (1923, 1956), Brown's Zone of Proximal Development (Brown and Ferrara, 1980; Brown and French, 1979; and Ferrara, Brown and Campione, 1981) and Feuerstein's Learning Potential Assessment Device (1979). These devices incorporate a learning situation into the assessment process. The reader is referred to Vye (1983) for a detailed review of those devices. In addition the Kauffman Assessment Battery for Children is another newly developed assessment device that utilizes a test-teach-test component (Kauffman and Kauffman, 1983).

Another alternative is that of task-analysis. Haring and Bateman (1977) described this technique as looking directly at the skills and sub-skills of the tasks at hand whether it be spelling, reading or constructing a box. The approach is to identify the sequence of steps in the task, note which ones are missing or being performed inappropriately and remedy through direct intervention.

Vellutino et al. (1977) made some additional notes relative to alternative strategies. Some included the acceptance of the notion that not all problems reside in the child. As such both the child and the environment should be assessed and subject to remediation.

As far as discrepancy analysis is concerned, McLeod (1978 and 1981) and Senf (1977) acknowledged the necessity of some type of tangible or psychometrically based definition - procedure - classification - in order to:

1. provide estimates of numbers requiring service;
2. insure equality of oportunity;
3. establish some sort of efficient screening procedures;
4. provide a standarized means of communication.

As a result of these reasons a plethora of formulae have resulted. The reader is referred to McLeod (1978) and Cone and Wilson (1981) for a more detailed analysis of some of those formulae.

For the purposes of this paper it is sufficient to note some of their conclusions:

1. Measured IQ is not a valid index of expected educational achievement, age or quotient except when the IQ is 100 (McLeod, 1978).

2. Unless scores on an intelligence test are perfectly correlated with scores on an achievement test there will be positive or negative differences between pairs of test scores for individuals (McLeod, 1978). The basis of this statement is rooted in the simplistic notion that - intelligence is a fixed, pre-determined, immutable concept which can be measured by IQ tests (Vernon, 1956; Thorndike, 1963; and Feurestein, 1979).

3. Any test is subject to error. However, this error can be estimated (McLeod, 1978).

4. Deviation from grade level and expectancy formulae fail to consider critical variable such as regression effects, measurement error. Years in school, comparability of norms and consistent treatment of IQ/achievement interrelationships (Cone and Wilson, 1981).

5. The IQ/standard score method does not account for regression effects (Cone and Wilson, 1981).

6. Regression analysis - regression equation approach has merit with the exception of not accounting for years in school (Cone and Wilson, 1981).

7. The development and use of reliable and valid psychometric instruments can help toward the identication of learning disabled children (McLeod, 1978).

Approaches to Programming

Numerous texts have been written detailing various methodologies for programing for the learning disabled child. The reader is referred to Myers and Hammill (1976); Lerner (1981); Smith (1981); Kauffman and Hallahan (1976); and, Hallahan and Kauffman (1976). More general work can be found in Kirk (1962); Hallahan and Kauffman (1978 and 1982); Telford and Savrey (1981); Cruichshank and Johnson (1975) and Marsh, Price and Smith (1983). Few texts have been written on specific programs for the adolescent. However, Mann, Goodman and Wiederholt (1978) have published one such edition. More novel appraches such as Feurestein's (1980 and 1981)

methods are also available. Baine (1983) presents a specific overview of task analysis as does the Hallahan and Kauffman (1978) text. A synopsis of these texts appears to indicate historically about eight major approaches to programming:

1. Perceptical Motor Approaches
2. Language Development Appraches
3. Linguistic Systems
4. Psycholinguistic Systems
5. Neurological Approaches
6. Specialized Reading Approaches
7. Diet/Allergy/Drug Treatment Appraoches
8. Cognitive Education Approaches

The intent of this paper is not to address each program that has been developed under each approach or system. Rather an overview format will be used to illustrate selected strengths and weaknesses pertinent to evaluative comments.

Drug/diet/allergy treatment approaches. These approaches are not necessarily educational but have an impact on the educational program. The general findings related to drug therapy have been:

1. Drugs have considerable value in 60-75 percent of the cases and little or dubious value in 25-40 percent of the remaining cases, indeed, in those 25-40 percent where little or no value was indicated a significant group suffered adverse reactions (Kinsbourne and Caplan, 1979; Aman, 1980).
2. Drug therapy appears more effective in short term use (Aman, 1980).
3. Drug therapy should be considered as one part of the total management picture and adjunct to educational procedures (Lerner, 1981).
4. Small groups of hyperactive children may show favorable responses to a diet free of food additives (Spring and Sandoral, 1976; Rapp, 1978).

5. Crook (1977) and Rapp (1979) have shown some success in removal of the element causing allergies.
6. No precise and immediate translation of such medically related findings into specific teaching procedures exist. Familiarity with such procedures is essential for the learning disabilities specialists (Lerner, 1981).

Perceptual motor approaches. Included under this approach could be Kephart (1960, 1963a and b, 1966, and 1968), Craty (1967, 1969a and b, 1972, and 1973), Delacato (1959, 1963 and 1966), Getman (1962), Barsch (1965a and b), and Frostig (1967a and b) to name a few of the more popular. Myers and Hammill (1976) believed these approaches were attempts to unify in one framework the physiological and perceptual development of the child. However, Myers and Hammill concluded the approaches were inadequate to describe desorders of learning related to and involving language and thought. The programs were typically designed for children under nine and for children with visual motor deficits. Myers and Hammill (1976) summarized 81 studies covering the procedures detailed under the above authors and concluded the programs should not be assummed to be beneficial. Indeed, the procedures may be harmful in that they waste time and money and give the child a placebo program in place of a real remedial effort. Despite these criticisms, Myers and Hammill found a few well designed studies that suggested that under certain as yet not clearly defined conditions perceptual motor training for some children may have benefit. Further research was suggested. However it is important to note that 68% of 31 studies reviewed on the Frostig Program and 50% studies on Kephart - Getman - Cratty and Barsch approaches failed to validate these procedures.

Linguistic systems. The linguistic model focuses on how language develops and divides language into four major components typically referred to as phonology (sound system that carries the message), morphology (word information - includes functions of inflections and deviations), syntax (word order) and semantics (vocabulary and the learning of categories) (Myers and Hammill, 1976). Depending on which theory the reader supports, language acquisition occurs through the psycholinguistically determined language acquisition device (LAD) as outlined by Chomsky (1966) or, through

the principles of learning as outlined by Skinner (1957) and Osgood (1957, 1963).

Various approaches fall under this model and include the Developmental Syntax Program (DSP) (Coughan and Liles, 1972), the Programmed Conditioning for Language (PCL) (Gray and Fygetakis, 1968) and, the Fitzgerald - Pugh System (1912, 1947). Myers and Hammill (1976) in summarizing these systems found the PCL the better program but the DSP was felt to be easier to implement and more economical. While the DSP was felt to have no serious flaws it did need to be field tested and could be more comprehensive. The Fitzgerald - Pugh System was felt to be organized in a definite developmental sequence. In addition, the text is actually a workbook.

Psycholinguistic approaches. The main proponents of psycholinguistic approaches were Kirk and Kirk (1971) through the evolvement of the Illinois Test of Psycholinguistic Abilities (ITPA). The model attempts to assess and remediate selected psychological and linguistic abilities that are assumed to be basic to academic achievement. The psychological constructs are memory and closure while the linguistic constructs are syntax (Grammatic Closure) and semantics (Auditory Reception, Association and Verbal Expression). Kirk et al. (1968) noted the ITPA model is based on the Osgood theoretical model of language and encompasses psycholinguistic processes, levels of organization and channels of communication. Other followers include Minskoff, Wiseman and Minskoff (1972).

Myers and Hammill (1976) have noted numerous discrepancies between the model and the desired techniques. Hammill and Larsen (1974) have reviewed 39 research studies in which researchers have attempted to simulate the psycholinguistic constructs measured by the ITPA. Only 8 authors reported success with training in only 3 areas: visual association, verbal expression and manual expression. As an assessment device Salvia and Ysseldyke (1978) found internal consistency to be generally high but caution was suggested on auditory closure and visual closure. Compton (1980) noted that within the age range 2 to 10 years only scaled scores and not age scores should be used. Elkins (1972) found the process and channel dimensions to be verified as having construct validity, but, the representational and automatic levels were not clear. Hammill et al. (1975) found that with the

exception of grammatic closure other sub-tests were of little or no value in predicting academic success.

Process training in general and in particular psycholinguistic process training has been the subject of doubt by many authors such as Bateman and Schiefelbusth (1969), Hartman and Hartman (1973) and Mann and Phillips (1967). Their fear is the segmentation of isolated malfunctions may tend to encourage "off task" teaching.

Language development systems. Myers and Hammill (1976) noted that proponents of this approach employ numerous visual and auditory tasks with the primary purpose of these approaches being to facilitate the development of language as apposed to developing perceptual - motor integration. Examples of proponents of this model include Myklebust (1964, 1968) and Barry (1961). These proponents share an auditory orientation with their resulting systems being favored with children who have auditory-vocal deficits. Barry's techniques are better applied to younger children while another advocate of the system McGinnes' (1964) work is better suited to adolescents. Indeed Myers and Hammill (1976) have noted that these proponents worked in deaf and or aphasic settings. They also noted that Barry's system does not include suggestions for the formal teaching of reading, spelling or arithmetic.

Specialized reading programs. Among the specilized reading programs in popular use are Distar (Engelmann and Bruner, 1969), Initial Teaching Alphabet (Mazurkiewicz and Tanyzer, 1966), Peabody Rebus Reading Program (Woodcock, 1967), techniques by Fernald commonly termed VAKT (1943), Orton's theory (1929) and Gillingham and Stilman's work (1970). For the purposes of this paper the Orton and Gillingham approaches will be reviewed briefly.

Orton's (1937) approach is based on the notion of specific reading disability accompanied by poor auditory and visual memory. His theory rests on the notion of the need to establish hemispheric dominance otherwise reading disabilities as evidenced in developmental language disabilities will evolve. Typically such children are mixed dominant re eye/hand/foot knowledge. His dominant hemisphere theory has been opposed by Quadfasel and Goodglass cited in Osgood and Mirion (1963). Nevertheless,

Orton's study found children with such problems did not benefit from the sight word approach. Out of this finding and the subsequent work of Gillingham and Stillman grew their structured approach using six basic combinations of the visual, auditory and kinesthetic modalities. Included are occasional uses of tactile stimuli. Dechant (1964) critically evaluated their program and found it lacked meaningful activities and was deemed unacceptable in a total reading program. Wepman (1960) has argued that since auditory discrimination may not be achieved until the end of third grade the approach may not be useful with younger children. Frostig cited in Myers and Hammill (1976) noted that the system might accentuate deficits of children with auditory misperception problems. Despite these criticisms Myers and Hammill (1976) concluded that the highly systematic, highly structured techniques employed in the method may be benficial in treating many children with reading disabilities. However, they went on to note that other methods might be just as effective and less laborious and time consuming. Another saving grace of the method noted by Myers and Hammill (1976) was the extent of individualization possible in the process.

Neurological approaches. Cruichshank according to Myers and Hammill (1976) has followed the work of Strauss and Lehtinen (1947) to promote the notion of the minimally brain-injured (damaged) MBD child. The perceptual development of an MBD child is a prerequisite for academic success. Typically approaches offered by Lehtinen and Cruichshank are multisensory in nature. Indeed Fernald's work mentioned in a previous section dealing with specialized reading systems utilizes such an ecclectic multisensory approach. Such multisensory approaches according to Myer and Hammill (1976) are recommended for use with children whose strengths and weaknesses cut across both sensory modalities and levels of organization. Myers and Hammill (1976) concluded that Lehtinen's teaching procedures should be addressed with two cautions. One caution concerns the notion that in focusing only on the child's weaknesses as suggested by Strauss and Lehtinen, strengths may deteriorate. Secondly and calling on the work of Dunn (1967), Spradlin et al. (1960) and Burnett (1962), Myers and Hammill (1976) concluded the barren classroom suggested by Lehtinen may be more harmful than good. These procedures were designed with a particular type of child

in mind - the hyperactive, distractible, brain injured child. For this type of child the methods appear effective.

The Cruichshank approach grew out of a 1961 study demonstration project by Cruichshank (1981) to the needs of a large [illegible] of hyperactive, acting out and emotionally disturbed children. A multidisciplinary diagnostic evaluation was completed on each child along with extensive case histories. Four essential principles were used to comprise the educational environment:

1. reduction of stimuli
2. reduction of space
3. highly structured program
4. increased stimulus value of materials.

Indeed, techniques were gleaned from Montessori and Kirk.

All lessons were structured and incorporated a multisensory approach that included: motor training, perceiving whole objects, auditory training, concretizing math, kinesthetically oriented writing and finally the teaching of reading.

Initial results of the study showed tremendous improvement in the students. However, follow up after three years by Bentzes and Peterson (1962) found a lack of success. They hypothesized teachers in the project may have been too concerned with performance on a specific task leading to good initial results but failing to train for a total learning experience. Myers and Hammill (1976) nevertheless believe the procedures were appropriate for some children as with the Lehtinen approach.

Cognitive education. Brown (1978), Sternberg (1981), Waksman (1982) and Borkouski and Kamarski (1981) have noted a flourishing of educational programs designed to train intellectual skills. These programs have become known as cognitive education and are rooted in the work of Piaget (1972), Luria (1961) and Vygotsky (1969). Stephens (1977) has summarized this approach as placing an emphasis on the active involvement of the pupil in the learning situation, having the pupil proceed at his own rate and giving time to learn to reason by exploring, manipulating and questioning. That is, an almost Socratic dialogue that focuses on the preciseness of language

and the abstracting of general principles is encouraged between the teacher and the student.

Work by Reese (1976), Campione and Brown (1977), Belmont and Butterfield (1971), Feuerstein (1980) and Sternberg (1981) challenges traditional educational practice. The instructional approach emanating from these studies places an emphasis on task analysis through training and direct measurement of processes independent of performance. More generic problem solving skills such as systematic search, hypothesis testing and comparative behavior are encorporated in programs such as:

1. Jones and Campione (1975) Chicago Mastery Learning/Reading Strategies.
2. Weinstein (1980) cognitive strategies project.
3. Feuerstein's (1980) Instrumental Enrichment.
4. Lipman's (1981) Philosophy for Children Program.
5. Whimley and Lockheed (1980) Problem Solving and Comprehension Program.
6. Teaching Thinking by de Bono (1976).

Underlying all these programs is the notion that intelligence is not a fixed, stable or immutable state. Rather, intelligence is viewed as the summation of learning experiences. Such a conceptualization permits further expansion of intellectual activity through cognitive training programs. Proponents of cognitive education such as Sabatino et al. 1981 have criticized existing special education practices as not addressing the cognitive awareness component necessary to foster intellectual growth particularly at the middle and secondary school levels.

Further to the notion of simply attempting to increase cognitive processes has been the attempt to provide learners with the capability of monitoring their own performance. Such a belief rests in the hope that self monitoring will aid maintenance and generalization of newly learned strategies. As such Waksman (1982) has described cognitive education as addressing the meta-components necessary for each individual to monitor and adapt to their environment and to carry out comparative behavior analysis. Bruner cited in Hall (1982) endorsed the need for meta cognitive education on all levels. However, he recognized such meta cognitive programs would

require revised teacher training. Metacognition has been defined by Flavell (1977) as being second degree thinking or the ability of people to develop a heightened consciousness of their own and other people's psychological processes. Waksman (1982) went on to state that teachers feel incompetent to address this type of "process" oriented curriculum since they were trained to be "product" oriented. As such much work has yet to be done.

It is unfortunate that cognitive education has because of its recency lacked empirical testing, especially since another bandwagon effect may occur given the popularization of its theoretical underpinings. However, initial research by Feurestein (1980) and other proponents of cognitive strategies such as Deshler et al. 1980 have been encouraging.

CONCLUSIONS

This review of literature has highlighted the many issues facing educators dealing with behavioral disordered and learning disabled pupils. For example, a precise definition of both types of these exceptional learners is not readily available. Concommitant with this lack of a consensus concerning the exact nature of a learning disability and a behavior disorder are the problems of appropriate and adequate diagnosis as well as the treatment of these handicapping conditions. As such the literature review chose to present in an overview format some of the issues relative to definition, assessment and programming.

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APPENDIX D

Summary Of Existing Programs, Services and Facilities For Emotionally Disturbed And Behaviorally Disordered Alberta Children*

*Source - Alberta Social Services and Community Health

APPENDIX E

Checklist For Visits To Programs For Learning Disabled And Behaviorally Disordered Pupils

NAME	AREA SERVED	R	T	GH	F	C	SSP	A	PS	COMMENTS
Balzac Group Home	Calgary Region	✓		✓						
Beatty Group Home	" "	✓		✓						
Bowness Group Home	" "	✓		✓						
Briar Hill Group Home	" "	✓		✓						
Cal. Child. Ser. Detent.	" "	✓							✓	
Cal. Child. Ser. Shelter	" "	✓							✓	
Crossman Group Home	" "	✓		✓						
Dalhousie Group Home	" "	✓		✓						
Forest Heights Group Home	" "	✓		✓						
Group Home 15 - 17 + 16	" "	✓		✓	✓					
Harris Group Home	" "									
Milbar Ranch	" "	✓		✓						
Huntington Hills	" "	✓		✓						
Integro Gr. Home	" "	✓		✓						
Keeganow Gr. Home	" "	✓		✓						
Laltaye Gr. Home	" "	✓		✓						
Mitchnik Gr. Home	" "	✓		✓						
Mountview House	" "	✓		✓						
Old Man River	" "	✓		✓						
Receiving Access North	" "	✓		✓		✓*				* limited - not formal
Receiving Assess South	" "	✓		✓		✓*				* limited - not formal
Rigel House	" "	✓		✓						
Smith Group Home	" "	✓		✓						
Stampede Boys Ranch	" "	✓	✓	✓						
Enviros Wilderness School	Southern Alberta	✓	✓							
S.A. Child Village	" "	✓	✓		some	some*				* not formal
Wood's Christian (Addl)	" "	✓	✓						✓	
Wood's Christian (Group Home)	" "	✓	✓						✓	
William Roper Hull	" "		✓			some*	some**	✓	✓	* not formal ** some contacts
Chimo	Northern Alberta	✓	✓			✓		some		
Mapleridge	" "	✓				✓		some		
Marydale	" "	✓			✓	✓		some		
McMan Home	" "	✓				✓		some		
Oakhill Boys Ranch	" "	✓				✓		some		
Westfield	" "	✓	✓		✓	✓*		some		* formal

R = Residential
T = Treatment
GH = Group Home
F = Family Involvement
C = Community Schools Involved
SSP = Use of Specialized School Program
A = Aftercare
PS = Psychological Services Available

APPENDIX E

Checklist For Visits To Programs For Learning Disabled And Behaviorally Disordered Pupils

C H E C K L I S T

VISITS TO PROGRAMS FOR LEARNING DISABLED AND BEHAVIORALLY DISABLED PUPILS

February 9, 1983

CHECKLIST
VISITS TO PROGRAMS FOR L.D. AND B.D. PUPILS

School Visited _____

Person Visiting _____

Date of Visit _____

Contact at School _____

Note: Please gather all available handouts regarding program/school/personnel descriptions.

Nature of Visit:
- ☐ observe classes
- ☐ discussion with administration
- ☐ discussion with teachers
- ☐ discussion with students
- ☐ general tour
- ☐ document profile

NATURE OF PUPILS

1. Please circle ages of pupils served:

LD: < 6, 6-8, 4-11, 12-14, 15-17, > 17
SLD: < 6, 6-8, 4-11, 12-14, 15-17, > 17
BD: < 6, 6-8, 4-11, 12-14, 15-17, > 17
other:

2. If more than one type of pupil served please indicate numbers of pupils whose primary disability is:

a) LD _____
b) SLD _____
c) BD _____
d) other _____

3. Comment on degree of pupil's handicapping condition - appropriateness of placement.

4. Briefly summarize their definition of

LD _____

SLD _____

BD _____

5. Briefly indicate residency of pupils. (Intent: determine extent of local support of school)

6. Briefly describe the procedures, instruments and types of personnel involved in the assessment process - include comments on referral process, requirements for and acceptance of external documentation.

7. Briefly describe the schools contacts with the parents and the referring school jurisdiction.

8. What is the typical duration of special placement.

9. What is the criteria for discharge (who is involved).

10. What academic level is attained at graduation?

11. Describe parental involvement (referral, placement, program ...).

12. What evaluation process is used during the year? (continuous, regular tests, IEP's)

13. Briefly describe types of pupil records maintained. (indicate confidentiality)

NATURE OF PROGRAM

1. Please circle type of program support: Public Private

2. Please circle type of program: (more than one can be circled)

Segregated School
Partially Integrated
Totally Integrated
Residential Treatment
Residential
Segregated Class

3. What is the overall philosophy of the program?

4. Briefly describe provincial/state status of school/program.
(Nature of support, certification, general comments)

5. Briefly describe the type of counselling/therapy utilized.

6. What treatment model is utilized with the behaviorally disabled?

7. Briefly describe the nature of the program - academic, vocational, remedial, life skills - address overall intent.

8. Are there program guides/procedural statements readily available? (briefly describe any)

9. Typical class size is_____ Pupil/teacher ratio _____

10. Teacher aides are available. YES ☐ NO ☐

11. If yes to #10, what is the ratio to pupils. _____

12. How is pupil travel arranged. (comment on funding, insurance, responsibility)

13. Briefly describe subjects covered and general time allotments per week. (Are work study/life skills programs available?)

14. Briefly describe type of discipline. (Is B. Mod used? Is social skills development used?)

15. Briefly describe special equipment/materials.

16. Briefly describe nature and extent of individualization. (Are IEP's readily available?)

17. Briefly describe attempts at integration. (Community involvement, other schools/agencies ...)

18. Briefly describe attempts to enhance or inhibit re-integration of child into more normalized settings.

19. Are any aspects of the program oriented towards research?

20. What are the hours of instruction? _____

21. What extra curricular activities exist?

22. How long is the school year? (Number of hours)

23. What is the nature of evening activities?

24. Briefly describe nature of residence supervision.

NATURE OF FACILITIES

1. Briefly describe building structure/age/appropriateness of layout/location of residences/facilities (gym...)/grounds/residences/distance factors between residences/main campus.

2. Does the building enhance the philosophy of the school program?

NATURE OF FUNDING

1. Cost per pupil to operate the program for:

L.D. _____

S.L.D. _____

B.D. _____

2. Briefly describe funding sources.

3. Briefly describe cost to parents. (Gather information on incidental expenses such as laundry ...)

4. Briefly describe any other funding sources.

NATURE OF PERSONNEL

1. Briefly describe staffing procedures regarding training.

2. Briefly describe the nature of in-service.

3. Briefly describe the administrative structure.

4. What training does the support staff have. (Aids, psychologists, administrators...)

5. Briefly describe the nature of supervision. (By whom, how often, extensiveness...)

ADDITIONAL COMMENTS

Number/
Numéro

2

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c. 2

Review of Programs and Services
for the
Learning Disabled and Behaviorally Disordered

Summary

Special Educational Services

Alberta
EDUCATION

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84- 3779 /

REVIEW OF PROGRAMS AND SERVICES
FOR THE
LEARNING DISABLED AND BEHAVIORALLY DISORDERED

Summary

Special Educational Services
Alberta Education

June, 1983

Members of the Committee

Mr. J. Davies - Edmonton Public School District
Dr. H. Finnestad - Alberta Education, Chairman
Mr. F. French - Alberta Education, Executive Secretary
Dr. H. Janzen - University of Alberta
Mr. R. Kangas - County of Mountain View
Dr. G. Porter - Foothills School Division
Mr. R. Posno - Calgary Board of Education
Dr. J. Quinn - Calgary Roman Catholic Separate School District
Dr. C. Rhodes - Alberta Education, Planning Services

Consultant Staff

Mr. G. Cooper - Grande Prairie Regional Office Consultant in Guidance and Learning Disabilities
Dr. G. Millar - Lethbridge Regional Office Consultant in Guidance and Learning Disabilities
Dr. J. North - Calgary Regional Office Consultant in Guidance and Learning Disabilities
Mr. B. Stewart - Edmonton Regional Office Consultant in Guidance and Learning Disabilities

1. Origins of the Study

In November of 1982 the Special Educational Services Branch of Alberta Education was authorized to undertake a study to review policy and programs with respect to pupils who are learning disabled and/or behaviorally disordered. An advisory committee was formed to assist in the review and to provide monitoring and advice to the Alberta Education staff which comprised the working team.

The purposes of the study were:

1. To clarify the nature of what constitutes a learning disability and an emotional/behavioral disorder.
2. To determine the nature and extent of programs and services available within Alberta for learning and behaviorally disordered pupils.
3. To determine the type and quality of programs out-of-province which are approved by Alberta Education.
4. To determine whether equivalent or better programs are available within Alberta for pupils currently being sent out-of-province.
5. To make recommendations regarding the most appropriate procedures to ensure the availability of appropriate programming for learning disabled and behaviorally disordered pupils in Alberta.
6. To make recommendations regarding funding of out-of-system placements and school jurisdiction programs for learning disabled and behaviorally disordered pupils.

2. Methodology

The paradigm for data gathering to address the purposes of the study included:

1. A mailed survey to all Alberta school jurisdictions to determine the following with respect to LD, SLD and BD pupils: (see appendix A)

   a) basic statistics on pupils being served,
   b) extent of out-of-province and out-of-system requests for placement by parents,
   c) nature and number of pupils identified as requiring but not receiving special educational services,
   d) nature and extent of programs and services provided by local school jurisdictions,
   e) nature and extent of local school jurisdictional policy,
   f) school jurisdictional issues.

2. Visits to and consultation with selected school jurisdictions relative to programming and services for LD, SLD and BD pupils.
3. Visits to and consultation with private LD, SLD and BD programs serving Alberta Education sponsored pupils within and outside of Alberta utilizing a standardized checklist. (see appendix B and C)
4. Visits to and consultation with recognized programs in Canada and the United States of America. (see appendix B)
5. A survey of Canadian provinces relative to their provision of services to LD, SLD and BD pupils.
6. A review of the related literature.
7. Discussion with other interested parties and agencies and with representatives of Alberta Social Services and Community Health.
8. A review of existing legislation, policy and funding of LD, SLD and BD programs and services by Alberta Education.
9. A review of Alberta Education records with respect to program funding.

3. Findings, Conclusions, Recommendations

Funding

Alberta Special Education grants during 1981-82 provided for specific support to approximately 7.1% of the province's total school population. Access to the Special Education Teaching Position Grants for the learning disabled and behaviorally disordered was limited by Alberta Education and some jurisdictions did not receive grants in support of the total number of special education teaching positions which they requested. Of the 7.1% of the school age population supported by special grants the following figures detail the percentages allocated to learning disabled, severely learning disabled and behaviorally disabled.

Special Education Teaching Position Grants for severely learning disabled: .13% of the total school population

Special Education Teaching Position Grants for socially maladjusted: .09% of the total school population

Special Education Teaching Position Grants for learning disabled: .5% of total school population (public jurisdictions)

Programs for learning disabled: approximately .06% of total school population (private schools)

Alberta Education funded programs for the learning disabled and behaviorally disordered, excluding resource room programs, account for approximately .78% of the total pupil population of Alberta. In addition it is generally accepted that Resource Room programs, which account for approximately 4.27% of the province's total school population, are responding to the needs of the mildly handicapped. Many pupils labelled learning disabled are believed to be served through this medium. As such, a more accurate percentage of learning disabled and behaviorally disordered pupils being served by Alberta Education special grants would approximate 5.05% of the total school population.

In addition to this estimate 106 behaviorally disordered pupils receive funding support through Program Unit Grants. These 106 pupils account for 12.4% of the total number of pupils supported by Program Unit Grants.

The literature search generally supports an estimate that approximately 3 to 30 percent of pupils may be expected to have some degree of learning disability. However, a generally accepted estimate of the percentage of the school population requiring intensive special education as the result of a learning disability is approximately 3 per cent. An additional 10% of the school population might be expected to have behavior disorders with approximately 4% considered to be handicapped to the extent that they require specialized programs of intervention. These incidence estimates indicate that approximately 7% of the total school population will require intensive special support because of a learning disability or behavioral disorder. Alberta Education grants in support of learning disabled and behaviorally disordered pupils currently provide support for approximately 5.05% of the total school population. Of this 5.05% the majority, 4.27% are served through resource room programs, while .78% are provided special class settings.

While per pupil grant revenue between public and private schools is equitable, private schools have access to per pupil funding while public schools must access teaching position funding. The funding mechanism tends to limit the development of alternative and possibly more economical delivery models by public jurisdictions.

Private Schools

Private schools for the severely learning disabled and behaviorally disordered generally operate appropriate programs for these handicapped pupils. There is little to differentiate the private school from the public school programs for behaviorally disordered or learning disabled pupils. However, school jurisdictions in most cases do not provide fully segregated settings for the type of pupils in attendance at the private schools and the number of available settings in school jurisdictions is limited.

The Alberta Education funding category supporting the attendance of pupils in private schools for the learning disabled is Severely Learning Disabled. Not all pupils in attendance at these private schools meet Alberta Education criteria as severely learning disabled.

Out-of-Province

Alberta Education currently approves thirteen out-of-province schools for attendance by learning disabled or behaviorally disordered Alberta pupils. The criteria for placement out-of-province is that there is no appropriate placement for the pupil available in Alberta. Funding is provided on the basis of an 85% - 15% split between Alberta Education and the sponsoring school jurisdiction. Alberta Education pays 85% of the cost up to a stated maximum and the school jurisdiction directing the child to attend is responsible for the balance of the cost. Where parents place a child out-of-province directly, and Alberta Education approves the placement, parents may access 75% of the grant available to a school jurisdiction.

Current funding arrangments allow children to be placed in out-of-province private schools at virtually no cost to parents while placement in Alberta private schools may result in a substantial cost to the parents. In addition, the cost to school jurisdictions directing pupils to attend out-of-province is minimal compared to operating their own program for the learning disabled or behaviorally disordered.

Some of the approved schools on close examination were found not to be schools for the handicapped as required by regulation. For example, Athol Murray College of Notre Dame in Wilcox, Saskatchewan and St. Scholastica School in Colorado do not provide special remedial programs or specialized personnel. Another program, the Randall-Moore School in Colorado, is not considered to be an appropriate placement for Alberta pupils.

CONCLUSIONS AND RECOMMENDATIONS

School Jurisdiction Funding

Conclusion

Current Alberta Education funding procedures do not allow school jurisdictions to develop additional programs for the learning disabled and behaviorally disordered. Funding support for public schools is more restrictive than for private or out-of-province placements, and the number of Special Education Teaching Position Grants available to school jurisdictions is limited.

Recommendations

It is recommended that:

1. Alberta school jurisdictions receive revenue in support of programs for the severely learning disabled at a rate at least equivalent to that now provided on behalf of severely learning disabled pupils attending Category II Private Schools with a board's approval.

2. Funding in support of programs for the learning disabled and behaviorally disordered be provided on a per pupil basis for a reasonable percentage of the total school population which is identified and receiving special programs within a school jurisdiction.

3. The current ceiling on the Learning Disability Fund Grant be removed and the grant be expanded to include identification, assessment, program consultation and therapy for all ages and types of exceptional pupils.

4. A minimum grant be designated to allow a realistic level of funding support through the Learning Disabilities Fund to small school jurisdictions.

Category II Private Schools

Conclusions

Category II Private Schools for the severely learning disabled and behaviorally disordered provide an appropriate alternative for some Alberta pupils. The kind of programming provided by the private schools does not differ significantly from that available in public schools but the necessary quantity of programs are not available in public jurisdictions.

Recommendations

It is recommended that:

5. School jurisdictions directing or approving behaviorally disordered or severe learning disabled pupils to attend a private school be responsible for payment of all tuition costs above the government grant.

6. Tuition charged by Category II Private Schools be subject to approval by Alberta Education and become a component of the eligibility criteria for approval purposes.

7. Where parents place a severely learning disabled or a behaviorally disordered pupil in a Category II Private School, without school jurisdiction approval, the private school be eligible to receive 75% of the grant payable to school jurisdictions on behalf of pupils directed to attend a Category II Private School.

8. Where parents place a pupil, who is not severely learning disabled, in a Category II Private School without school jurisdiction approval; the private school be eligible to receive funding equivalent to 75% of the applicable School Foundation Program Fund Grant.

9. Category II Private Schools be required to demonstrate to Alberta Education on an annual basis the eligibility of all new pupils for funding purposes.

10. Category II Private Schools be required to maintain in each pupil's file a summary sheet providing eligibility data, current educational achievement data and program plans.

11. Annual inspections of Category II Private Schools include a comprehensive analysis of financial records.

12. Alberta Education funding in support of pupils attending Category II Private Schools terminate when the pupil is 18 years of age as of September 1.

13. Funding for behaviorally disordered pupils attending Category II Private Schools be raised to a level equivalent to that provided on behalf of severely learning disabled pupils.

14. Existing regulations be revised to allow Category II Private Schools to offer high school courses for credit.

15. Private School Regulations be revised to accommodate the existing situation regarding private schools for the learning disabled and to require the employment of teachers with a valid certificate of qualification issued under the Department of Education Act.

Out-of-Province Education

Conclusions

Alberta Education has more out-of-province schools on the approved list than is necessary to accommodate the need for these placements, some no longer have Alberta pupils attending, some are not schools for the handicapped and some have been replaced by equal or better programs which are closer to Alberta. Appropriate programs are generally available in Alberta for elementary and junior high school age severely learning disabled pupils. Not all pupils attending out-of-province schools for the

learning disabled meet Alberta Education criteria as severely learning disabled.

Recommendations

It is recommended that:

16. Regulations be revised to provide support for out-of-province placement only on behalf of pupils directed to attend by a school jurisdiction.

17. Criteria for out-of-province placement be revised to require that pupils attending a school for the learning disabled meet Alberta Education criteria as severely learning disabled.

18. The following be removed from the list of approved out-of-province schools with a grandfathering clause for pupils currently attending the schools.
    - Cedar Lodge Centre, Cobbie Hill, B.C.
    - Dallas Academy, Dallas, Texas
    - Eagle Hill Greenwich School, Greenwich, Conn.
    - Gow School, South Wales, N.Y.
    - Idaho State School for the Deaf & Blind, Gooding, Idaho
    - Maplebrook School, Amenia, N.Y.
    - Randall Moore School, Denver, Colorado
    - St. Barnadas School, Fort Erie, Ontario
    - St. Scholastica School, Colorado

19. Athol Murray College of Notre Dame in Wilcox, Saskatchewan remain on the list of approved out-of-province schools until such time as residential/educational programs become available in Alberta.

20. Approved out-of-province schools be inspected on an annual basis by Alberta Education to determine if they meet Alberta Education criteria approval and to verify that comparable programs do not exist in Alberta.

21. Parents and school jurisdictions be advised that approved out-of-province schools will not necessarily provide pupils the Alberta equivalency of a high school diploma.

22. Eligibility for support of attendance out-of-province terminate when the pupil is 18 years of age as of September 1.

Definition

Conclusion

The current Alberta Education definitions of learning disabled, severely learning disabled and behaviorally disordered lack sufficient specificity for the provision of differentiated funding. The specificity of current definitions is further hampered by the wide variety of testing instruments used to determine the eligibility of pupils.

Recommendations

It is recommended that:

23. A committee be formed to review and if possible develop, prior to the end of the 1983-84 school year, definitions based on specific standardized test results which will clearly specify criteria for the learning disabled and severely learning disabled.

24. A committee be formed to develop, prior to the end of the 1983-84 school year, specific definitions which will clearly distinguish between behaviorally disordered and emotionally disturbed pupils.

25. The following interim definitions for the learning disabled, severely learning disabled and behaviorally disordered be adopted.

Learning Disability

The pupil who is learning disabled is one who manifests a significant discrepancy between his estimated learning potential and actual performance. This discrepancy is:

(a) manifested in wide discrepancies among intellectual, developmental and/or school achievement areas for which special, remedial, and/or compensatory teaching is required, and
(b) not the result of mental retardation, sensory deficits, emotional disturbance, or lack of opportunity to learn.

1. Any pupil enrolled in a special program for the Learning Disabled should:

   a) have an academic achievement at or below the 10th percentile in language arts, and/or arithemtic skills;
   b) where the achievement test does not provide percentile norms, have achieved a grade score which is less than 2/3 of the grade level expected for his age.
   c) have demonstrated an inability to function in a regular classroom program in language arts and/or mathematics.

Note: Learning potential shall be estimated by use of standardized individual intelligence tests.

Severely Learning Disabled Pupil

Any pupil enrolled in a special program for the severely learning disabled should:

a) have met the criteria listed in number 1 above;
b) have consistently demonstrated an inability to function using regular curriculum and instructional methodologies and requires a highly structured program with a low pupil/teacher ratio and special teaching techniques.

c) have an academic achievement at or below the 2nd percentile in language arts and/or arithmetic skills.

d) where the achievement tests do not provide percentile norms, have achieved a grade score which is less than 1/2 of the grade level expected for his age on a reputable test battery with adequate norms.

Behaviorally Disabled Pupil

The behaviorally disabled pupil is one whose primary disability is behavior which, over a period of time, deviates significantly from age-appropriate expectations and significantly interferes with his own development or that of others or both. The pupil should have a documented history of behavioral disability. Such pupils usually exhibit at least one of the following symptoms.

a) severe inability to establish and maintain effective relationships with peers and adults, e.g. repeated conflict, inability to participate in group activities, antisocial behavior, resentfulness, defiance.

b) frequently demonstrates inappropriate behavior or feelings under ordinary conditions, e.g. timid, withdrawn, excessive attention-seeking, emotionally unresponsive;

c) a generally pervasive mood of unhappiness or depression;

d) severe difficulty in facing reality, e.g. excessive use of fantasy;

e) very poor self-concept, e.g. strong feelings of inferiority;

f) frequently demonstrates a tendency to develop physical symptoms or fears associated with personal or school problems.

g) severe difficulty in coping with the learning situation in spite of appropriate educational remedial measures, e.g. needs an unusual amount of urging, is inattentive and indifferent.

Some behaviorally disabled pupils will be able to function in a regular classroom if adequate support services are provided e.g. itinerant teacher, psychologist, behavior aide, school counselor.

Others may exhibit behavior which is so deviant that they cannot be accommodated in a regular classroom, but could be accommodated in a special class in a regular school in an appropriate program with adequate support services.

Still others, severely disabled or a danger to themselves or others, will require placement in a specialized child care facility or treatment centre.

Note: With the exception of those made by the courts, decisions regarding the severity of disability and appropriate placement should be made only after a thorough individual psychiatric and/or psychological assessment by a qualified examiner has been completed. A thorough medical assessment is also strongly recommended.

26. That Alberta Education immediately designate the following tests as required to document eligibility for funding support of learning disabled and severely learning disabled pupils:

One of A or B

A Pre-school Intelligence

McCarthy Scale of Children's Abilities - Individually Administered
Stanford-Binet Intelligence Scale - Individually Administered
Wechsler Pre-school and Primary Scale of Intelligence - Individually Administered

B School Age Intelligence

Stanford-Binet Intelligence Scale - Individually Administered
Wechsler Intelligence Scale for Children (Revised) - Individually Administered
Wechsler Adult Intelligence Scale (Revised) - Individually Administered

And Two of C - I

C Metropolitan Achievement Tests

D Peabody Individual Achievement Test

E Wide Range Achievement Test

F Woodcock Johnson Psycheducational Battery

G Durrell Analysis of Reading Difficulty

H Key Math Diagnostic Arithmetic Test

I Brigance Diagnostic Inventories

27. Alberta Education require that persons assessing learning disabled or severely learning disabled pupils to determine eligibility for funding meet the appropriate qualifications for inclusion on the Learning Disabilities Fund Registry.

Program Development

Conclusions

There is an obvious lack in Alberta of residential/educational programs for adolescent behaviorally disordered pupils.

Recommendation

28. It is recommended that Alberta Eduation commence negotiation with school jurisdictions and other government departments to develop residential/educational programs in Alberta for behaviorally disordered pupils which would be accessible on referral by a school jurisdiction.

Conclusion

There is a lack of leadership in Alberta to assist school jurisdictions to develop appropriate and effective programs for the learning disabled, severely learning disabled and behaviorally disordered.

Recommendation

It is recommended that:

29. Alberta Education form committees to develop a handbook for school jurisdictions containing the following components for both the learning disabled and behaviorally disordered:

    A. screening techniques
    B. early intervention/prevention techniques
    C. diagnosis
    D. assessment and program planning
    E. teaching strategies
    F. materials and equipment
    G. program evaluation
    H. guidelines for development and maintenance of files and reports
    I. standards for demission

30. Alberta Education establish a list of appropriate diagnostic materials for learning disabled and severely learning disabled pupils and stock the materials in the School Book Branch.

31. Alberta Education develop, maintain and distribute a listing of program options available in Alberta for learning disabled and behaviorally disordered pupils.

32. Alberta Education establish a centre for assessment, research, treatment and demonstration in the education of learning disabled and behaviorally disordered pupils. The centre should address all levels and degrees of academic, social, personal and family involvement but should initially focus on rural areas and on the adolescent population.

33. Consultants with sole responsibility in the area of learning disabilities be employed in the Edmonton and Calgary Regional Offices.

34. Alberta Education review admission procedures to Social Service, Hospital and Solicitor General operated programs for the behaviorally disordered with a view to increasing the availability of these programs through school jurisdiction referral.

Appeal Mechanisms

Conclusion

Appeal mechanisms to resolve disputes between parents and a school jurisdiction are only partially available in Alberta. An effective and efficient appeal procedure on the provincial level is not available.

Recommendations

It is recommended that:

35. School jurisdictions be required to establish local appeal committees according to the following:

PURPOSE

Where the parent or guardian is in disagreement with the school system regarding financial support for an out-of-jurisdiction placement a request for an appeal may be made to the local appeal committee. The appeal committee will make a recommendation regarding placement to the School Board.

MEMBERSHIP

The local appeal committee consists of a minimum of three members not involved with the case and appointed by the school board.

JURISDICTION

The appeal committee will deal with questions regarding pupils who are residents of the jurisdictions.

MEETINGS AND EXPENSES

The committee will meet as required and expenses incurred in the hearing will be a charge to the board.

DECISIONS

The committee will provide a recommendation regarding placement to the school board. The decision of the Board may be appealed by the parent/guardian to the Special Education Appeal Board.

36. Alberta Education establish a provincial appeal board according to the following:

PURPOSE

To resolve disagreements between the school jurisdiction and parents/guardian over the special education placement of a student where financial support for an out-of-jurisdiction placement is sought by the parent.

MEMBERSHIP

Three members appointed by the Minister of Education.

MEETINGS AND EXPENSES

Three meetings per year in January, March and November or as required be held. Honoraria and expenses would be a charge to Alberta Education.

DECISIONS

Decisions of the Boards would be final and binding on the school jurisdiction, parents/guardians and Alberta Education.

PROCEDURES

1. Local appeal procedures must be exhausted prior to a request for a hearing before the appeal board.
2. The parent or school board representative requests a hearing in writing to the Chairman of the Appeal Board providing all docu-

mentation, indicating who will attend the hearing on their behalf, within 30 school days of being advised of the Board decision regarding placement.

3. The Chairman advises all parties of the request for hearing and collects all relevant information. Further assessment may be requested at the Chairperson's discretion.
4. A hearing date is set.
5. The parent or persons designated by the parent and representatives of the school jurisdictions shall present their positions regarding the matter of placement.
6. The Appeal Board will arrive at a decision regarding the placement of the pupil and advise all parties within 15 days of the hearing.
7. School jurisdictions and Alberta Education will be bound by the decision of the Appeal Board.
8. Where parents disagree with the decision of the Appeal Board the cost of placing the child in a school or agency not recommended will be the responsibility of the parent.

Implementation

The Advisory Committee recognizes that the recommendations contained in the report are comprehensive in nature and in some cases costly and time consuming to implement. The committee emphasizes an urgency to accommodate the unmet needs of school jurisdictions in providing appropriate programs for the learning disabled, severely learning disabled and behaviorally disordered pupils of Alberta.

Recommendation

37. A position be provided to the Special Educational Services Branch on a full time basis commencing August 1, 1983 to facilitate the implementation of the above recommendations according to priority and over a period of several years.